CERTIFICA	TE OF DEATH Reg. Diat. No. 77	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Allegassy (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.	
3. (a) FULL NAME Nellie Jo Africa	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Single	2D. DATE DE DEATH	
8. (c) Name of husband or wife 8. (c) If alive, give age yea 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 5. 7 4 6 hrs. min 9. Birthplace Yown, county and state) 10. Usual occupation Class 11. Industry or business 12. Name Samuel Africa 13. Birthplace Paragularine	and that I last saw h. A. alive on	
14. Malden name Celestif Carriel 15. Birthplace Pennsylvania 16. Informant Address 17. Buriel (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Major findings of operations. Antopsy results. Physician: Description of the cruse to which death should be charged statistically 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide. Date of	
Location Combelland Md. 18. Funeral director Charaltes L. George Address Commberland Md. 18. Lune 3 48 Offany New	Where did Injury occur?	

Wirth UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

FOR BINDING

MARGIN RESERVED

JUN 7 1948 BUREAU V. S.

PLEASE WRITE

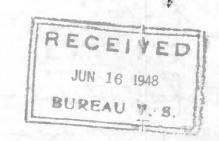
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

eg. Dist. No. 26

1. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Day: It less than one day 9. Birthplace (Town, county) and state) 10. Usual occupation. 11. Industry or business 12. Name Marketarel Wilhelm (Include pregnancy within 3 months of death) 13. Birthplace 14. Maiden name. Mary Address 15. Birthplace 16. Informant. Address 17. Birthplace 18. Informant. Address 18. Informant. Address 19. Wilhelm (day) (year) 19. Cometry or crematory (which?) 19. Date thereol (day) (year) 19. Cometry or crematory (Which?) 19. Country (State) 19. Wasse of injury injured at work?		
Elly or town. Medical telections with the life life. 1 pay give part to the life life. 1 pay give part to the life life. 1 pay give part town. Brow long in above place of death? Respital, institution, or direct address where death occurred. Respital,	The state of the s	(For newborn infants give residence of mother)
Street No. Control or city or town limits, write NURAL and give nearest town)	City or town Villestermster (Renal)	Duget to hear Rued
See No. Social Security Number See	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
3. (a) FULL NAME A. See S. Color or racery B. Colorage, married, widowed, or directed West Color or racery B. Colorage, married, widowed, or directed West Colorage B. Colorage, married, widowed, or directed West Colorage B. Colorage, married, widowed, or directed West Colorage B. Colorage, married, widowed, or directed B. Colorage, married, widowed, or directed 20. OATE OF DEATH. 21. DEATER that death occurred on the data above stated; that 1 gleended deceased from and that 1 late saw has a late on the data above stated; that 1 gleended deceased from and that 1 late saw has a late on that 1 late saw has a late of the late saw has a late on that 1 late saw has a late of the late saw has a late on that 1 late saw has a late of the late saw has		(If rural, give LOCATION)
6. See Sold or recey E. (a) Single, married, videwed, or directed 6. (b) Name of husband or wite. A rate 6. (c) Name of husband or wite. A rate 6. (c) Name of husband or wite. A rate 6. (c) Name of husband or wite. A rate 6. (c) Name of husband or wite. A rate 6. (c) Name of husband or wite. A rate 6. (c) Name of husband or wite. A rate 6. (c) Name of husband or wite. A rate 6. (c) Name of husband or wite. A rate 6. (c) Name of husband or wite. A rate 6. (c) Name of husband or wite. A rate 6. (c) Name of husband or wite. A rate 7. Sirkh date of deceased (mo., 6ay, yr.) 8. AGE: Years 8. AGE: Years 9. Birkhplace 10. Usual occupation. 11. Industry or business 12. Name. A rate 13. Birkhplace 14. Naiden name. A rate 15. Birkhplace 16. Informant 17. Address 18. Informant 19. Autopy remits. 19. Autopy remits. 19. Autopy remits. 19. Autopy remits. 10. Usual occupation. 11. Carrier (it ease to which death should be charged statistically. 15. Birkhplace 16. Informant 17. Autopy remits. 18. Faneral director. 18. Sold or race 18. Color or race 18. Color or race 18. Color or race 19. Color or race 19. Contered	How long in hospital or institution?	2.(a) If voteran, name war.
8. (6) Name of husband or wire. A control of black of the black of deceased (mo. day, yr.) 8. AGE: Years Months Days It less than one day (Town, equity) and state) 9. Birthplace	3. (a) FULL NAME many Q. alleany	A, 3. (b) Social Security Number
5.(c) Name of husband or wire Action (S.(c) If alive, give age years decased (mo. day, yr.) 8. AGE: Years Months Days (It ess than one day To Months) 9. Birthplace (Town, country) and state) 10. Usual occupation (Town, country) and state) 11. Industry or business 12. Name Madden name Many Action (State) 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden name Many Action (Include pregnancy within 3 months of death) 15. Birthplace (Include pregnancy within 3 months of death) 16. Intermant Action (Busins, ceremistics, or removal, Which?) Cometery or crematory (Useria, ceremistics, or removal, Which?) Cometery or crematory (Country) (State) Location Action (State) 18. Funeral director (Country) (State) Major findings of operation. Major findings of operation. Major findings of operations. (City or town) (Country) (State) Major or crematory (City or town) (Country) (State)	4. Ses 5. Color or race 6.(a) Single, married, widowed, or divorced	12th 10 4-0
5.(c) Halive, give age years and that I last saw here. Alive on the cause of deceased (mo., day, yr.) 8. AGE: Years Months 9. Birthplace. According to the country and state) 10. Usual occupation. 11. Industry or business 12. Name. May a markey 13. Birthplace 14. Maiden name. Mary a markey 15. Birthplace 16. Informant Activity and states 17. Birthplace 18. Informant Activity and states 19. Which is simple to the cause of death and the cause of t	01 \$1 000	
1. Birthplace Duranti		June 1- 147 to June 13 3 48
8. AGE: Years Month: Bays It less than one day 10. Usual occupation 11. Industry or business 12. Name. Mary G. Market G. Mar	7. Birth date of 6 - 4 7 7 - 1970	and that I last saw h
9. Birthplace	8. AGE: Years Months Days It less than one day	Alafation - 12 hr
10. Usual occupation. 11. Industry or business 12. Name	a Richaige acuroll so . med	Chara Muss Could I you
12. Name		Busto alelaria delerge 3 420.
14. Maiden name Macy of Macket Major findings of operations. 15. Birthplace 16. Informant Cuthury albacy Major findings of operations. 17. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to esternal causes, fill in the tollowing; Accident, suicide, or homicide. Date of March Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Manns of injury injured at work?	11. Industry or business	
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Address Vestimization Date thereof. (month) (day) (year) Cometery or crematory. (City or town) Location Management of Manage	attern Albrewch	Anionay results
17. Buck Date thereof (month) (day) (year) Cometery or crematory (City or town) (County) (State) Location (Date thereof (month) (day) (year) Location (Date thereof (month) (day) (year) Location (Date thereof (month) (day) (year) Mera did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work?	Question To Mid HAU	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Country) (State) Cometery or crematory. Location. Accuration. Injured at home, farm, industry, public place (where?) Means of injury. Injured at work?	Bus 16-45	22. VIOLENCE: It death was due to osternal causes, till in the tellowing;
Location Means of Injury Injured at work? 18. Funeral director Edward Means of Injury Injured at work?		Montagnii aniera i i nomini aniera
18. Funeral director. Edec Office Means of Injury Injured at work?	Cometery or crematory Muchesles Ofef	
18. Funeral director College States	Location Manalesles Mid	
	18. Funeral director Ede Osphon	Msens of injury Injured at work?
Addross Hamphlead Mid 23. SIGNATURE Solar R. Fout We	Man Lita 1 gred	23 SIGNATURE Phopa R. Fout WD
19. (Date rec'd, by registrar) Registrar Address MEdlumastum Date signed 6 - 1454	19. Opto rec'd by registrar) (Date rec'd by registrar) Registrar	Was dear of mid & b-lunce



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M. D. or other

WITH UNFADING INK. Supply every item of information carefully. important. Physicians: please write the causes of death clearly and L

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PLEASE

(Date rec'd by registrar)

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2411 N. Charles St., Baltimore

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CERTIFICA	TE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: County. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	Street No. (If rur	County Co
3. (a) FULL NAME	eh.	3. (b) Social Security Number
6.(a) Single, married, widowed, or divorced M: 6.(b) Hame of wasband or wife 6.(c) If alive, give age 7. Birth date of deceased (mo., day, yr.) 8. ACF: Years Months Days If less than one day	2D. DAYE OF DEATH 21. I CERTIFY that death occurred on the and that I last saw hard alive on	date above stated; that I attended deceased from 19 48 19 19 48 DURATION
9. Birthplace (Town, county, and tate) 10. Usual occupation. Returned y arrays 11. Industry or business,	Due to Berigi	Obstructures 4 with Lypertraphy 5 years
12. Hame Stuffe Minary 13. Birthplace 14. Maiden name Ellen Quarant 15. Birthplace The Maiden name And Maiden name And Maiden name And Maiden Name The Maiden name And Maiden Name The Maid	Major findings of operations	Date of op
Address Hewefited Md Address Hewefited Md 17. Build (month) (day (year)) Cemetery or crematory Cemeter of Cemetery Cemeters of Cemeter of Ce	22. VIOLENCE: If death was due to ext Accident, suicide, or homicide	ernal causes, fill in the following: Date of
18. Funeral director. Edward Tifeton	Means of Injury	Injured al work?
18. Funeral director	mag	Partial Preside

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JUN 11 1948
BUREAU V. S.

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg Dist No. 74

\	Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Janouego	
(If outside city or town limits, write RURAL and give nearest town)	State County
How long in above place of death? 6 411 7 11 20	City or town
Hospital, Institution, or street address where delta second.	Street No.
Springfeld Grand Storman	(If rural, give LOCATION)
How long in posterial or institutions of the state of the	2.(a) If veteran, name war
3. (a) ROLL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. W. Jungle	20. DATE DE DEATH 19.48 21.7.28
	A
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that attended deceased you
S.(c) It ally, give age years	1 1 1 1 1 1 1 1
7. Birth date of deceased (mo., day, yr.)	and that f last saw drammalive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
6:5 7 26 min.	
6.1	Commy Vanner In
9. Birthplace (Town, eounly, and state)	Due to.
11/11/11/11/11	
10. Usual occupation.	Due to.
11. Industry or business	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
12. Name Denny	Other conditions will will will the second s
2 13. Birthplace Of Degmany	
14. Maiden name Hary Hyoshor	(Include pregnancy within 3 months of death)
14. Maiden name Mary My 15. Birthplace / Portagnia	Major findings of operations.
Manual Property of the standard of the standar	
16. Intermental Marie Ma	WYSICIAN: Please anderline the cause to which death should be charged statistically.
Address 60 Samener of Baile	22. VIOLENCE: It death was due to external causes, fill in the following:
17 Bernal Date thereof June 15 1948	
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
location Baltimore ma	Injured at home, farm, Industry, public place (where?)
Que Al Saineback	Means of tnjury tnjured all work?
18. Funeral director	WIN WI - Com
Address 325 / Lyndun N, Dolls, Ma	23. SIGNATURE
June 13 , 48 Cstary/leer	M. orother
(Date ree'd by registrar) Registrar	Address T. M. M. Date signed . 3. 19

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JUN 16 1948
BUREAU V. S.

1. PLACE OF DEATH:

How long in above place of death?..

How long to hospital or institution?. 3. (a) FULL NAME

deceased (mo., day, yr.)

9. Birthpiace..... 10. Usual occupation.

13. Birthplace

15. Birthplace

Address

14. Maiden name.

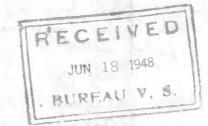
(Date rec'd by registrar)

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8. AGE:

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No.. 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) town limits, write RURAL and give uleus outside city or town | mits, write RURAL and give nearest town) Hospital, institution, or street address where death occurred: (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION tt less than one day (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following: Date of Accident, suicide, or homicide..... Where did injury occur?(City or town) injured at home, tarm, jadustry, public place (where?) Msans of Injury 23. SIGNATURE. Registrar



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)	
City or town	State Maryland County City or town Cumberland (If outside city or town limits, write RURAL and give nearest tow Street No. 56 Bedford Street	
How long in hospital or institution? April 6, 1935	(If rural, give LOCATION) 2.(a) If veteran, name war	<u> </u>
3.(a) FULL NAME Beulah Cecile Carder	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Single	20. DATE DF DEATH	:10 4
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 18	.1948 .1948
deceased (mo., day, yr.) August 3, 1988 8. AGE: Years Months Days If less than one day		year
59 9 16hrsmin.	WOOTTO THE CHICATAN AND THE	Y
9. Birthplace	Due to	
11. Industry of Susiness 12. Name Benjamin Carder	Diher conditions	
14. Maiden name Elizabeth Paymell 15. Birthplace Maryland	(Include pregnancy within 8 months of death) Major fiedings of operations	
16. Informant Vera Carder St., Cumberland. Md.	Actorsy results	Ny.
17 Burial, cremation, or removal, Which?) Cemetery or crematory. Date thereof from 2 2 / 948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Location Cumberland Mrs.	tnjured at home, farm, industry, public place (where?)	
18. Funeral director Offany Keer Address Sepcesville Md.	Msens of Injury Injured at work? SPRINGFIELD STATE HOSPITAL	
19 June 20 18 48 CHarry New Registrar	23. SIGNATURE M. D. or other Sykesville, Maryland Date signed 6/1	9/48

ADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and let

PLAINLY, WITH UNF. is especially important.

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JUN 22 1948

BUREAU V. S.

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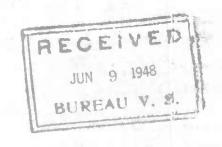
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6033

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mothes)
City or town. (If outside city or town limits, write RURAL and give nearest town)	City or town Russel Westminster
Now long in above place of death?	(If outside city or town timits, write RURAL and give nearest town)
Crembury, md.	(If rurai, give LOCATION)
Now long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Ralph albert 6	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION For 5 20. DATE OF DEATH TILL 7 1548 21 4:30 (
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of 6.(c) If alive, give age you deceased (mo., day, yr.)	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Driver - Partily
9. Birthplace Carroll Co. md.	Due to Teplepay
10. Usual occupation. La aborer	
11. Industry or business	Due to
= 12. Name William J. Carr	··· Other conditions
13. Birthplace Carroll Go. md.	(Include pregnancy within 3 months of death)
14. Malden name mary Carry Carry 15. Birthplace Carroll Bo. Md.	Major findings of operations.
\$ 15. Birthplace Carroll Go. Md.	Date of op.
16. Informant man Franke W Sulle	Autupsy results
Address Westminster 4. md.	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Church of Gad Comme	Where did Injury occur? (City or town) (County) (State)
Location Warfieldsburg Mrs.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Bankard From	Meens of Injury thjured at work?
Address () and minster, med.	23. SIGNATURE June To Thomas Deputy Medity
19 6/0 1940 Allerand	M. D. or other



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2411 N. Charles St., Battimore

CERTIFICATE OF DEATH

Reg. Diat. No. 74

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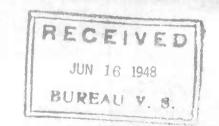
1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town. Henry ton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? dead on arrival Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium (Colored Branch) How long in hospital or institution? dead on arrival	State Maryland County Washington Hagerstown City or town (If outside city or town limits, write RURAL and give nea Street No. 552 W. North Street (If rural, give LOCATION) 2.(a) If veteran, name war.	rest town)
3. (a) FULL NAME GRETA LOUISE COOK	3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced female colored single	MEDICAL CERTIFICATION 20. DATE OF DEATH	.at3:40]
6.(c) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended decer June 30 19.48 to June 30 and that I last saw h alive on (deed on arrival) Immediate cause of death	1948.
8. AGE: Years Months Days It less than one day 11 27 hrsmin.	Miliary tuberculosis	
9. Birthplace Hagerstown, Md. (Town, county, and state) 10. Usual occupation scholar 11. tndustry or business 12. Name Allan Ellsworth Cook 13. Birthplace Sharpsburg, Md. 14. Maiden name Natalie Marie Jones 15. Birthplace Hagerstown, Md.	Due to Due to Dither conditions	
16. Informant Dr. Reuben Hoffman Address Henryton, Md. 17. burial (Buriai, cremation, or removal. Which?) Cemetery or crematory Location Location	Autopsy results PHYStCIAN: Please underline the cause tu which death should be charged 22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)
18. Funeral director Management of Managemen	23. SIGNATURE Rechen As francis m. M. D.	or other 6-30-48

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BUREAU V. S.

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age shown on: 2411 N. Charl	EPARTMENT OF HEALTH Se 6035
ALM No. G 116 JUN 22 1948 CERTIFICAT	TE OF DEATH Reg. Dist, No. 74
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest fown) How long in above place of death? Hospital, institution, or street address wheat death of more at the street of the str	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbdry infants give residence of mother) State
3. (a) FULL NAME	Cornuall 3. (b) Social Security Number
50 T W Wasseld	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 20. 19.45 at 2 P
6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace (Town, county, and syste) 11. Industry or business 12. Name Additional System of the system	21. I CEBILITY that death postured on the date above stated: that Pattended deceased from A18.3. to ALLIE THE A18.1
16. Intormant Address 17. Buriol 18. Funeral director Address 19. Location 19. L	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

306 E. MAIN ST.

2.(a) If veteran, name war NONE

3. (b) Social Security Number

NOHR.

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MEDICAL CERTIFICATION

1948 11:1594

DURATION

FEMALE V	White	M	ArrieD	
5.(b) Name of husbandor w	Tho.	mas	Richard (c) It alive, give age 64	
7. Birth date of deceased (mo., day, yr.)		7	(c) It alive, give age6	year
8. AGE: Years 70	Months O	Days //	It less than one day	min

BALTIMOYE MD.
(Town, county, and state)

Housewife 10. Usual occupation.

11. Industry or business

How long in above place of death?..

Now long in hospital or institution? 3. (a) FULL NAME

Mospilal, Institution, or street address where death occurred:

JAMES DOBBIN 12. Name

14. Maiden name ANNIC F. FIECKENSCHILDT 15. Birthplace

16. Informant ThomAS R. COSTIN

Address WIESTMINSTEL MD.

BUTIAL (Burial, cremation, or removal, Which?)

Date thereof. JUNE 21 - 48

(month) (day) (year)

Cometery or crematory LothAINE PARIS CEMETERY BALTIMORE MD.

18. Funeral director J. F. IPeese

(Date rec'd by registrar)

20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated: that { allended deceased from

(Include pregnancy within 3 months of death)

Major findings of operations.

Injured at work?

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the tollowing;

Where did injury occur? (City or town) (County)

Injured at home, farm, Industry, public place (where?)

Means of injury

23. SIGNATURE.



JUN 22 1948 BUREAU V. S.

WRITE

PLEASE

VS A15

MARYIA	ND STATE	DEPARTMENT	OF HEALT

2411 N. Charles St., Baltimore

940

6037

CERTIFICATE OF DEATH

Reg. Dist. No. 70

	>		CERTIFICA	IE OF DEATH	Reg. Dist. No	/
How long in above place Hospital, institution, or How long in hospital or	neytown pusside city or town of death?	e death occurred	URAL and give nearest town)	City or town (If outside city of town lim	County Carroll ilts, write RURAL and give ne	
3. (a) FULL NAM	John O'i	Cool Cool			3. (b) Social Security none	Number
4. Sex	5. Color or race	6 (a) Singl	e, married, widowed, or divorced	MEDICAL	CERTIFICATION	E.S.T.
M	W		married		7 1948	
		6.(6	llar Crapster years	21. I CERTIFY that death occurred on the date	9, to	19
deceased (mo., day,)		Days	If less than one day	Immediate cause of death		DURATION
58		10	hrs, min.	acute Corons	my Ocelusing	Few Min.
10. Usual occupation 11. Industry or busines 12. Name Joh 13. Birihplace	Postmasi s in J.Craps	ter Tan Md	eytown Office	Due to		
15. Birthplace		Pa	1	Major findings of operations.		
16. Informant Mrs		indolla eytown,	r Crapster Md.	PHYSICIAN: Ptease underline the cause to		statistically.
LocationTe	Piney Conneytown	eek Pre Rural	eof June 10, 1975 (month) (day) (year) sbyterian	22. VIOLENCE: It death was due to external Accident, suicide, or homicide	Date of	(State)
Address Date rec'd by re	,9, ,4	& SON Taneyto	wn, Md.	23. SIGNATURE P. J. W.	1 cough lu	esellation

JUN 15 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

192

DTIFIC	ATTE	OF	DEA	TI

Reg Dist No. 76

CERTIFICA	ALE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County City or fown the Al Western limits, write RURAL and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED. (For newborn infants give residence of mother) State County City or town Circle (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(d) If yeteran, name war.
3. (4) FULL NAME	3. (b) Social Security Number
wagne Lee Derring	3. (0) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, whowed, or divorced . Sex Scale.	MEDICAL CERTIFICATION 2D. DATE DF BEATH 2D. DATE
	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from
6.(b) Name of husband or wife	18
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) Clare 14. 1939 8. AGE: Years Months Days If less than one day	Immediate cause of death . DURAT
9 2 5hrsmi	
B. Birihplace (Town, gounty, and state)	Due to
10. Usual occupation	Due to
E 12. Name Leland Dirwy	Diher conditions
14. Malden name Pauline & May 15. Birthplace W. Va.	(Include pregnancy within 8 months of death)
15. Birthologen W. Va.	Major findings of operations. Date of op.
To 1 DE ANUM	Autopsy results.
16. Informant 1 1 7 7 71	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. burial Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or roplicide age seed. Date of
(Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory Mount Vernon Cemetery	Where did Injury officers (City or town) (County) (State)
Location Barbour County, West Virginia	figured at home, farm, Industry, public place (where?)
18. Funeral director J. Francis Reese	means of injured accounting to making at working
Address Westminster, Md.	- 23 SHORTURE 1 North Deputy Thes leger
19 Ce 30 19 4 Fileson	M. D. or other
(Date rec'd by registrar) Registr	Address Date signed (8.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible.

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VS A15, 9-45-15M

PLEASE

JUN 23 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6039

CERTIFICATE OF DEATH

74 Reg. Dist. No......

1. PLACE OF DEA'	TH:			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
County	set on M	amrlei	a d	state Maryland Cour	ıt y	
City or town(If our	tside city or town l	limits, write R	URAL and give nearest town)	Pol timore		
How long in above place o Hospital, institution, or s	f death?	ear Z	months 10 days	(If outside city or town limits,	write RURAL and give n	earest town)
Mospital, institution, or s	Tuber cu	losis	Sanatorium	Street No. 1121 Etting St		
AMERICA J. A. SALIMA.	Col	ored	Branch, Henryto	2.(a) It veteran, name war	LOCATION)	1
3. (a) FULL NAME	nsutution?		7	2.(5) It reterall, frame was		
3. (a) FULL NAME					3. (b) Social Securit	y Number
		Harm	on Felton e, married, widowed, or divorced			
4. Sex	5. Color or race	b.(a)singi	e, married, widowed, or divorced	I.	RTIFICATION	0.35
male	col	S	ingle	20. DATE OF DEATH June 28	19.48	6:15 F
6.(b) Name of husband or	r wite			21. I CERTIFY that death occurred on the date about April 18	e stated; that I attended de 47 to June	ceased from 28 ₁₉ 48
7. Birth date of		6.(c) If alive, give ageyears	and that I last saw h im alive on Jun	e 28	<u>1</u> 48
deceased (mo., day, yr.	Decem	ber 1	7, 1920	Immediate caose of death		DURATION
8. AGE: Years	Months	Days	If less than one day	Pulmonary Tubero	culosi s	Apr. 12
2'	7 6	11	hrsmin.			1947
9. Birthplace. Balt	timore,	Maryl county, and	and state)	Due to		****
to. Usual occupation					***************************************	**** ***********************
1t. Industry or business			3	Due to		*****
	rmon Fel	Iton		Dither conditions		
t2. NameHa:	ol timo ne	Mar	vland		***************************************	***************************************
≥ 13. Birthplace Do	TE GIMOT C	S MICLE	yaqau	(Include pregnancy within 8 n	nonths of death)	
14. Maiden name	ritti 6 "	urke		Major fiedings of operations		
15. Birthplace B	altimore	e, Mary	land		Date of op	
14. Maiden name 15. Birthplace Bi	ceased	***************************************		Antopay results	ich death should he charge	ed statistically.
Address	0	-		22. VIOLENCE: If death was due to external cause	ses, fill in the following;	
17. Sur.	X	Date ther	(month) (Bay) (year)	Accident, suicide, or homicide		
(Burial, cremation, Cemetery or cremator)			(month) (day) (year)	Where did Injury occur?(City or town)		
Cemetery or crematory	a	ma.				
Location		7	. 11 . 11 00	Injured at home, tarm, Industry, public place (wh	Injured at work?	
tB. Funeral director	My &	corge	A. Theller	Mains of Injury	injured at work?	
Address /6 3	1 Du	il (Hilf Que	23. SIGNATURE COLLEGE STOP	Engy m.	0
Tune 9	9 49	au	MR. Smarthan	a	M. I	6/28/48
(Date rec'd by reg	istrar) Lo	al De	nuty Registrar	AddressHenryton, Mary L	and Date signe	0/20/40

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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PLEASE WRITE PLAINLY, is especially

JUL 2 1948
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

/					Reg. Diat. No	
I. PLACE OF DE		1		2. USUAL RESIDENCE (HOME) C		
City or town RuralSykesville (If outside city or town limits, write RURAL and give nearest town) How long in above piace of death? Long line days Hospital, institution, or street address where death occurred:				State Maryland County		arest town)
Springfi	eld State	Hospit	al	Streel No. 200 E. Barney	LOCATION)	
How long in hospital o	or Institution?	2 mo,	ll days	2.(a) If veteran, name war		~
3. (a) FULL NAM		BECK, A	gnes Sarah		3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Sing	ie, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
fem.	white	H	arried	20. DATE OF DEATH. June 21,		. at 5, 15 P.
7. Birth dale of	9/77/6	6.	ischbeck (c) If alive, give age 72 years	21. I CERTIFY that death occurred on the date ab April 10	48 to June 21	19.48.
deceased (mo., day,		Days	If less than one day	Immediate cause of death Terminal	broncho-	OURATION
8. AGE: Year 63	10	10	hrsmin.		pmeumonia	2 days
	HAMPANT	, eounty, and	atate)	Due to Cerebral hemorrh		
10. Usual occupation.	*******************************		•••••••••••••••••••••••••••••••••••••••	Due to Arteriosclerosis		
11. Industry or busines		mbar.		hypert		W W
				Other conditions Psychosis wit		
	Maryla			Arteriosclerosis II II (Include pregnancy within 3 months of death) Major findings of operations.		11 11
14. Maiden name	Laura	McGah	ah			
2 15. Birlhplace	?			major madiage of operations		
			d State Hospital	Antopsy results	hich death should be charged	statistically,
(Burial, cremation	ory	Oate then	6-25-48 (month) (day) (year)	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	Date of	(State)
Location	Frederick			Injured al home, farm, industry, public place (w	where?)	
1B. Funeral director	@ East For	. K	Conely	Martin Gree	Som, m. I	D.
19. Joseph	22 19 48 egistrar)	O.	Harry Year Registrar	23. SIGNATURE Sykesville, Md.	M. D. c	or other 6/21/48

.. Supply every item of information carefully please write the causes of death clearly and

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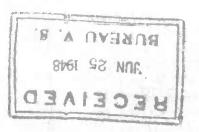
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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

g.	Dist.	No	76

CERTITION	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newforn infanty give residence of mother)
County Of Wife VI	···· lacas la . el.
Cily or town	RILL
How long in above place of death?	City or town
Ospital, institution, or street oddress where death occurred	Street No. 739 V. Saratoga Street Salt.
shuffer of the control of the control of the	4. (If rural, give L(CATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME William Fritz	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white operated	20. DATE DE DEATH. Ann 19 4 9 21 9 35
6,(b) Name of husband or wife	21/1 CERTIFY that death accurred on the date above slated; that lattended deceased from
•	June 19 49 19 89 1.19 10 June 19 19 19 19
7. Birth date of //LGM	and that I last saw h
deceased (mo., day, yr.) AGF. Years Months Days If less than one day	Immediate cause of death
LAV 11	nin. Where lune turbuguelding
	m. with the poor that the season is
Birthplace (Topin, county, and atate)	Due to.
5/40/2	
4	Due lo
1. Industry or business	
12. Name. Through Trits 13. Birthplace Jermany 1. a	Dither conditions With Hydricia
13. Birthplace V January	(Include pregnancy within 3 months of death)
14. Maiden name Caroline Well 15. Birthplaces Sumany	Major fiedings of operations.
15. Birthplaces Sprunary	Date of op.
6. Informan Matilda Fritz	Autopsy results.
Address 739 W. Paratoca Phy. Baltim o	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1 1000	22. VIOLENCE: If death was due to external causes, fill in the following;
7. BURIAL Date thereol JUNE 22 48 (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory. WES TERN	Where did Injury occur?
Location EDMONDSON AYE + LONGWI-D	Injured at home, farm, industry, public place (where?)
18. Funeral director Hans H Witch	Means of Injury Injured at work?
	The Man In
Address 4/0/ Elmondson and	23. SIGNATURE SAST MUMM. Vh. V
19 June 21,0 88 Q W. Neggie	Singular of 1 State How. M. D. grother Krit
(Date tec'd by registrar) Registr	Address Date signed Date signed

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

/ CERTIFICAT	TE OF DEATH Reg. Dist. No	74
1. PLACE OF DEATH: County Carroll City or town Henryton, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above piace of death? Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium How long in hospital or institution? Colored Branch, Henryton	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Harford City or town Aberdeen (If outside city or town limits, write RURAL and give new Street No.20 Fenway Street (If rural, give LOCATION) 2.(a) If veteran, name war.	
3. (a) FULL NAME Mary Lillian Gallamore	3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced female col. Single 6.(b) Nams of husband or wife	MEDICAL CERTIFICATION 2D. DATE OF DEATH. June 29 19 48 21. I CERTIFY that death occurred on the date above stated; that I attended doce June 25 1948 10 June	29 19 48.
7. Birth date of deceased (mo., day, yr.) October 27, 1927	Immediate cause of death	OURATION
8. AGE: Years Months Days If less than one day 20 8 2hrsmin.	Pulmonary Tuberculosis	Feb. 1948
9. Birthplace. Twiggs County, Georgia 10. Usual occupation. Domestic 11. Industry or business 12. Name. Reese Gallamore 13. Birthplace Georgia	Due to	
13. Birthplace Georgia 14. Maiden name Mary Moore 15. Birthplace Georgia	(Include pregnancy within 3 months of death) Major fiediogs of operations	
Address 17. (Burial, cremation, or removal, Which?) Date thereol. (month) (day) (year)	Actopsy resolts	
Location Chercher Taving Jons 18. Funeral director Benny Javing Jons Address Cherchery my	Where did Injury occur?	
19. June 29 19 48 Abut & Segistrar Local Deputy Registrar	Address Henryton, Maryland Date signed	or other 6/29/48

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

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PLEASE

JUL 2 1948
BUREAU V. 4

CEDTIFICATE OF DEATH

Reg.	Dist.	No.	

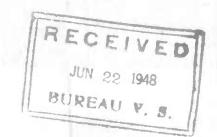
CERTIFICA	Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Charles Edward Helm 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
Male W Single 6.(b) Name of husband or wile 6.(c) If alive, give age years	20. DATE DF DEATH. And Death Concurred on the date above states: that I allended deceased from And Death Concurred on the date above states: that I allended deceased from And Death Concurred on the date above states: that I allended deceased from And that I last saw home alive on Address 20, 18 48
8. AGE: Years Months Days It less than one day 7 8 6 6	Immediate cause of death Music andial deglipliation Elementary of plantasclerosis Due to
10. Usual occupation	Due to Diher conditions Auctions, with 2 year Carewal attenuations (Include pregnancy within 3 months of death)
14. Maiden name Elizabeth arrall 15. Birthplace 16. Informant Noskith leads	Major findings of operations
Address 17.	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
18. Funeral director. A Carrell mg Address X arrell mg 19. from 20 19. 46 Ostany Keer 19. December 20 19. 46 Ostany Keer Registrar	23. SIGNATURE BREAL X Mashalf, M. S.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
City or town (If outside city or town limits, write RURAL and give nearest town)	State Md. County Carroll		
How long in above place of death?	City or town		
How tong In hospital or Institution?	2.(a) If veteran, name war		
3.(a) FULL NAME William Taylor Gr	3. (b) Social Security Number Thoma		
8. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20, DATE OF DEATH. June 23 7 19 48, 21 8.		
6.(c) If allve, give age yea	21. I CERTIFY that death occurred on the date above stated: that I affended deceased from		
8. AGE: Years Months Days If less than one day 6 9	Immediate cause us death. Accepte Chiefica OUR		
9. Birthplace Fried . Co. Took . (Town, county, and state)	Due to Arabiles Melliliag 27		
10. Usual occupation muse the second	Due to		
12. Name J. aylor Drimen 13. Birthpiace Fred. Co. Med.	Other conditions		
14. Maiden name Mary Miller 15. Birthpiacet and. Bo. Mel.	Major findings of operations		
16. Informant Elsis marshine. Address & F. Drun, Widminto . M.A.	Antopsy results		
Address 7	22. VIOLENCE: If death was due to external causes, fill in the following:		
Cemetery or crematory Lithuan Century	Where did injury occur?		
Location Unionstown, Mrd.	Injured at home, farm, industry, public place (where?)		
	Means of injury Injured at work?		
18. Funeral director ABankar Aban Address Wishmannalin Med.	a course Chas R. Touts not		

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JUN 29 1948 BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles S	t., Baltimor
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CEPTIFICATE OF DEATH

CERTIFICA	Reg. Diat. No	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town. Henryton (If outside city or town limits, write RURAL and give nearest town)	State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give near	
How long in above place of death? 11 days Nospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium	(If outside city or town limits, write RURAL and give near Street No. 737 Forrest Street (If rurel, give LOCATION)	est town)
Color ed Branch, Henryton, Md.	2.(a) If veteran, name war	
3.(a) FULL NAME Arthur ISAIAH GUNTER	3. (b) Social Security N 237-12-666	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male Colored Married	MEDICAL CERTIFICATION 20, DATE OF DEATH June 4, 19 48	٨
6.(6) Name of husband or wife Dorothea Guether Cunter 6.(c) If alive, give age 32 years	19. 10. 10.	19.48
7. Birth date of deceased (mo., day, yr.) February 27, 1910	and that I last saw h	DURATION
8. AGE: Years Months Days If less than one day 38 3 8min.	Pulmonary Tuberculosis	Dec. 1947.
9. Birthplace Elm City, N. C. (Town, county, and state) 1D. Usual occupation Laborer	Due to	
11. Industry or business	-	
13. Birthplace Unknown	(include pregnancy within 3 months of death)	
14. Maiden name. Unknown.	Major fiadiogs of operations	
16. Informant. Deceased	. Autopsy results	
Address 11. Carried and the second	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	8.
Cemetery or crematory Miles	Where did injury occur?	(State)
18. Funeral director	Means of injury Injured at work?	
Address 1000 Brantly and	23. SIGNATURE Realess Bol way m. D.	
19. 6/4 19 48 Deputy Local Registrar	Address Henryton, Md Bate signed	6/4/48



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MARYLAND STATE DEPARTMENT OF HEALTH

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2411 N. Cha	TE OF DEATH Reg. Diat. No
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County (if outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME No. of the State of Annex	3. (b) Social Security Number
4. Sex 5. Color of face 6. (a) Single, married, widowed, or divorced Less Less Less Less Less Less Less Les	and that I last saw harmalive on 18 Immediate cruse of death DURATION Due to Due to Other conditions
14. Maiden name	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm industry, public place (where?) Means of injury Sharf Grant Means of injury Sharf Grant M. D. or other M. D. or other Address. Address.

JUN 24 1948 BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1 DIACE OF DEA	TIL			2 HIGHAL DESIDENCE (HOME) OF DECEASED.	
County			JRAL and give nearest town) 7 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
			anatorium	Street No. 4 Vansant Street	
3. (a) FULL NAME		nant B	oosevelt Henso	3. (b) Social Securion 214-05-18	
4. Sex	5. Color or race	6.(a)Single	married, widowed, or divorced	MEDICAL CERTIFICATION	
male	col	Mar	ried	20, DATE OF DEATH June 23 19 4	8 , 6:05
6.(b) Name of husband of		6.(e)	n son	21. I CERTIFY that death occurred on the date above stated; that I attended of October 27 19.47 to June and that I last saw h. I mailve on June 23	23 19 4
deceased (mo., day, yr) Octobe	er 31,	1899 It less than one day	Pulmonary Tuberculosis	
48	7	23	hrs,min		1947
9. Birthplace St. Margaret Maryland (Town, county, and state) 10. Usual occupation Laborer				Due to	
12. Name Jir	Henson stern S	hore.M	aryland	Other conditions	
12. Name Jim Henson 13. Birthplace Eastern Shore, Maryland 14. Maiden name Mary Jane Horney 15. Birthplace Maryland 16. Intermant Deceased Address Burial 17. (Burial, cremation, or removel. Which?) Cemetery or crematory Burial (month) (day) (year)			ney	(Include pregnancy within 3 months of death) Major findings of operations	
				Autopsy results. PHYSICIAN: Please uoderline the cause to which death should be char	
			(month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide	
Location Sheet State Sta				Injured at home, tarm, Industry, public place (where?)	
Address / O8 Washington St. C. mapolis md.			mapalis mal	Meens of Injury Injured at work? 22 SIGNATURE TOUR On ARRAGA M. J)
			Registra	M.	D. or other

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JUN 28 1948

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MARK	UNFAI
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VS A13 9.45.15M	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In
CIV	LEASE V
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERT	ILLI	LAI			\mathbf{A}

			TTA
Reg	Dist	No	74

				Kog. Dist. (10.	***************************************	
1. PLACE OF DEATH: County Carroll				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
How long in above place Hospital, Institution, o	e of death? 2 m	onth	and 27 days Sanatorium ranch Henryto	State Maryland County City or town Balt1 more (if outside city or town limits, write RURAL and give no Street No. 310 W. Hoffman Street (If rural, give LOCATION)	earest town)	
		red	ranch, henry to	77 12 12 12 12 12 12 12 12 12 12 12 12 12		
3. (a) FULL NAM	E			3. (b) Social Security	y Number	
		elius	Hill			
4. Sex	5. Color or race	6.(a)5ing	le, married, widowed, or divorced	MEDICAL CERTIFICATION	A.	
male	col	I.	larried	20. DATE OF DEATH June 19 19 19 4	8. 1.50 m	
E (h) Name of huckand	or wite Dori	s Hil	1	21. I CERTIFY that death occurred on the date above stated: that I aftended de-	226151	
b.(U) Name of mastana			(c) If alive, give age22years	March 23 19 48, 16 June		
7. Birth date of				and that t last saw h im alive on June 19	19 48	
deceased (mo., day,		Days	1927	Immediate cause of death		
U. AGE.				Pulmonary Tuberculosis		
21	2	2	hrs min.		1947	
9. Birthplace	ashington	D. C	state)	Due to		
10. Usuat occupation.		•••••		Dus to		
11. Industry or busines		2.2				
				Other conditions	***	
	Virginia			(Include pregnancy within 3 months of death)		
王 14. Maiden name	Lorrain	e For	d	Major findings of operations.		
14. Maiden name	Virginia			Date of op		
	eceased			Autopsy results.		
10. 1110/1118111	- 1		0	PHYSICIAN: Please underline the cause to which death should be charge	d statistically.	
17. (Burial, cremation	n, or removed Which	Date the	reof June 23/6 (morph) (day) (year)	Where did injury occur?	(State)	
Location	11/1/			Injured at home, farm, Industry, public place (where?)	••••••	
	UHA	ph	's Habler	Misans of Injury injured af work?		
18. Funeral director	17 Da	241	fullacte	23. SIGNATURE Realiers Asfrage m.	D .	
19. June	19 19 48	all	Ml. Swanples	М. D	6/19/48	
(Date rec'd by re	egistrar)	ocal	Deputy Registrar	Address 11 Cliff y Wyll a 1912 Y L Cliff Date signer	J	



MARGIN RESERVED FOR BINDING

sorrect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

930

CERTIFICATE OF DEATH

Reg. Dist. No. .

City or town(If of How long in above place Hospital, institution, or How long in hospital or	Ridg outside city or town It of dealh?	evill mits, write R	e URAL and give nearest town) 20 YEARS	2. USUAL RESIDENCE (HOME) OF DECEASED: (For oewborn Infants give residence of mother) State
3. (a) FULL NAMI	E			3. (b) Social Security Number
		ALCIN	DA N. KAIN	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION
Female	White	Wi	dowed	20. DATE OF DEATH 1948 A: N
6.(b) Name of husband dece 7. Birth date of deceased (mo., day, y	eased	6.(. Kain :) It alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years	Months	Days	If less than one day	Immediate came of death with the first form of t
84		15	hrs	
9. Birthplace Montgomery Co. Maryland (Towe. county, and state) None 10. Usual occupation				Due 1 Teterioschertic cardiovescular 15 years Due 10.
11. Industry or busines		ert A.	Nelson	
12. Name	Nobe			Diher conditions
13. Birthplace	Ant	Ship		(lociude pregnancy within 3 months of death)
14. Malden name		Maryla	*********************************	Major fiadings of operations
15. Birthplace	J. Howa			Dafe of op.
16. informanf		***************************************		Actorsy results
Address	Mt.			
Bur :	n or removal. Which?	Date there	6-24-48 (moeth) (day) (year)	Accident, suicide, or homicide
Cemctery or cremate	OTT			Where did injury occur?(City or town) (Coucty) (State)
Location MT. Airy, Carroll Co. Md.				Injured at home, farm, Industry, public place (where?)
18. Funeral director	С.	M. Wa	altz	Means of Injury Injured at work?
Address	1	Winfie	eld, Md.	- W. King M. N.
19. Quella (Date rec'd hy re	24 19 48 egistrsr)	The	n D Suy les	23. SIGNATURE M. D. or other Address Daniascus, M. D. or other Date signed 6/2:1/4 F



13700

10	10	per-	6	h	
6	U	()	-	}	

CERTIFICATE OF DEATH

3 (0)
Reg. Dist. No.

	The state of the s		
1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Westminster	State Md County Carroll		
(If outside city or town limits, write RURAL and give nearest town)			
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No.		
County Home	(lf rural, give LOCATION)		
How long in hospital or institution? 2254 5 71166.	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Theodore King	none		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M W widower	20. DATE OF DEATH. 6 - 27 1945, st 6.36 AM		
6.(b) Name of husband or wife Emma Powell King	21. I CERTIFY that death occurred on the date above stated: That I attended deceased from		
7. Birth date of	and that I lest saw harmalive on 6-26- 1945		
deceased (mo., day, yr.) March 1,1866	Immediate cause uf death AND Examination DURATION		
8. AGE: Yeare Monthe Days It less than one day	S.r.Ko		
82 3 26hrs,min.			
9. Sirthplace	Que to Enlarged prostate Trais		
10. Usual occupation. Retired Dealer in live stock	Que to		
11. Industry or business	Oue to		
Comment	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name Mata Unknown Germany 15. Birthplace	Major findings of operations		
5 Germany	Date of op.		
16. Informant Roy King	Autopsy results		
Littlestown, Pa.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
AUGTESS	22. VIOLENCE: It death was due to external causes, fill in the tollowing;		
17. Burial Gurial, cremation, or removal, Which?) Oate thereof June 29,1948 (month) (day) (year)	Accident, suicide, or homicide		
(Burial, cremation, or removal, Which?) (month) (day) (year)			
Cemetery or crematory St. Mary's	Where did injury occur?		
Location Silver Run, lid.	Injured at home, farm, induetry, public place (where?)		
18. Funeral director C. O. FUSS & SON	Meene of Injury Injured at work?		
Taneytown, Md.	1 1 1 -		
Address	23. SIGNATURE TY / LT ONC		
JUN 28 1948 . Bran Fagle	23. SIGNATURE M, D, or other		
(Date rec'd by registrar)	Address Man Man Stan Date signed 6 21 - 12		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct 28e is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

JUN 30 1948

BUREAU V. S.

BINDING

RESERVED FOR

MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1300

6051

CERTIFICATE OF DEATH

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County County	
City or town	- State Maryland County Canall
(If outside city or town limits, write RUNAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give gearest town)
How long in above place of death?	Aughtering P
	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. W FULL NAME	3. (b) Social Security Number
Cemma Jane deere	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Tremaly White Married	20. DATE OF DEATH Acuse 2 19.48, 21.4 P
6.(b) Name of husband or wife Educand Leese	21. I CERPFY that death occurred on the date above stated; that I attended deceased from
0.0	19 19
7. Birth date of A A A A A A A A A A A A A A A A A A	and that I last saw halive on
deceased (mo., day, yr.) // proch - 20 - 1568	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Cerebral Remontors
80 2 12nirsmin.	
9. Birthplace Carroll County md.	Due to 53-
(Town, county, and state	arterio selevatio C-V desesse
10. Usual occupation. Journal occupation	Due to.
11, Industry or business : Houseurfo	
	Dither conditions
12. Name Seorge Rippy 13. Birthplace Carroll Co. Mid.	
E 13. Birillipace Control of The	(Include pregnancy within 3 months of death)
14. Maiden name Ellew Myers. 15. Birthplace Carroll Co., Md.	Major findings of operations
\$ 15. Birthplace Carroll (a., / Nd.	Date of op
16 informant Lester M. Grock.	Autopsy results
Parlant RA	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Colours T	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Serval (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory St. marys Omion Cemeter	Where did injury occur?
Lilas Bun mad	Injured at home, farm, industry, public place (where?)
Location	Means of injury Injured at work?
18. Funeral director	Means of Island
Address Letteslacen, PA. Ry R. A. Le	It Samo I Mark Pout Medical Caxamin
1 21 10 PD 188 ST	M. D. oy oyler
19 WWW Jan 19 78 Calcumpt Out Registrar	Address Liverenter 10 Bate signed of 5/4 8
II ()	

JUN 7 1948

BUREAU V. S.

WRITE PLEASE A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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CERTIFICATE OF DEATH

1. PLACE OF DEATH: Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland Carroll		
CountyRural Woodbine			
City or town. RUI'g L WOODDIIIE	State Rural Woodbine		
City or town	City or town (If outside city or town limits, write RURAL and give nearest town)		
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) It veleran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Laurent Lement Linton -			
75. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Wale White Married	1 9. A 48 750×		
7	20. DATE DF DEATH 19 TO , 21		
6.(b) Name of husband or wife Corilla C. Linton	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
59	19		
8.(c) It alive, give age yea	and that I last saw halive on		
7. Birth date of deceased (mo., day, yr.) June 15, 1885	Immediate cause of death		
8. AGE: Years Months Days It less than one day	Immediate cause of death		
63 0 5ml			
	m.		
9. Birthplace Carroll Co. Maryland	Due to		
(Town, county, and state)			
1D. Usual occupationFarmer			
	Due to		
11. Industry or business			
F 12. Name Alfred Linton	Dither conditions		
12. Name Alfred Linton Maryland Marylan			
	(Include pregnancy within 3 months of death)		
E 14. Malden name	Major findings of operations		
Dora Frost 14. Maiden name Maryland 15. Birthplace			
Mrs. Corilla C. Linton			
16. Informant	Antopsy results.		
Woodbine, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
/ 50 :0	22. VIOLENCE: It death was due to external causes, till in the tollowing:		
17. Date thereot	Accident, suicide, or comicide Culful Date of 6 - 20 - 46		
(Burial, orthodion, or removal, Which?) (month) (day) (year)	Where did Injury occur? Word time learner Mer		
Cemetery on mentatory	(City or town) (County) (State)		
Freedom, Cafroll Co. Md.	Injured at home, tarm, Industry, public place (where?)		
L0621101	Means of injury 22 refle injured at work? 40.		
18. Funeral director	medite of infant/		
Winfield Md.	1 119		
Address	23. SIGHATURE TO March Prouty Thedical Commence		
16-23 - 110 6: Mtarne	M. D. or other		
(Date rec'd by registrar) (Date rec'd by registrar)	ar Address Balumusle Oht Bate signed 6-20-4		



(CFR	TI	FI	CA	TE	OF	DE	A	TH

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Balliman City or town (If outside city or town limps, write RURAL and give nearesthown) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME FOR FORESE F Caubelin Long 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
m w widowed	20. DATE OF DEATH June 11, 19 48 217:22 P.
6.(6) Name of husband or wife ferrette Trai Richards 6.(c) If allve, give age years 7. Birth date of QCF 9 1872	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1. 19 4. 8. 10 from 1. 19 4. 8. 10 from 1. 19 4. 8. 10 from 1. 19 4. 8. 10 from 1. 19 4. 8. 10 from 1. 10 4. 10 4. 10 from 1. 10 4. 1
deceased (mo., day, yr.) OCC 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Immediata cause of death DURATION
75 8 2hrsmin.	Chronic proporadities ?
9. Birthplace Carroll County Md. (Town, county, and state)	Carcinoma of left breast 3
11. Industry or business 12. Name Selse Franklin Long 13. Birthpiac Md	Other conditions Physical with carebral 10 may
14. Malden name Leagianna Green	(Include pregnancy within 3 months of death) Major findings al aperations.
15. Birthplace Md	Major nagings at aperations. Date of op.
16. Informant Kosfilal March	Antupsy results
Address 17. Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory	Whers did Injury occur?
Location Africa State Control of the State Control	Injured at home, farm, Industry, public place (where?) Means of injury Injured at work?
18. Funeral director	1 10 11 74. 010 40
19. June 12. 19.48 Offany Yeer (Bate rec'd by registrar) Registrar	23. SIGNATURE & SEAU H. Marshalf 7. 80. M. Dorother Address Toling Ried State Hospital Date signed & /11/4.8

FOR BINDING RESERVED MARGIN

WRITE PLAINE is especia

JUN 14 1948

TOU V. S

8300

CERTIFICATE OF DEATH

Second Control Carroll					Reg. Diat. No	*******
two locy is been piece of death 2 TYPS. J. MOS. 7 days Bothels, including, or street address where death occurred: Springfield State Hospital LUEHRS, William J. 3. (a) FULL NAME LUEHRS, William J. 5. Solver rises B. (a) Ningle, manifel, wissered, or divised white married B. (b) Name of husband or wife. Mrs. Emily H. Luehrs B. (b) Name of husband or wife. Mrs. Emily H. Luehrs B. (b) Name of husband or wife. Mrs. Emily H. Luehrs B. (c) Ningle, manifel, wissered, or divised or deceased feed, day, r.) Nov. 24, 1889 8. AGE: tests Mentils Days If less than one day S. Birthplace. New York State Manhattan or (rown, county, and state) hrs. 10. Usual occupation. Electrical Engineer Bronx?) 11. Industry two business 12. Name John Luehrs 13. Industry subjects Malife many (through give per and process town) Major Endings of operations. Why pertension. Due to Arteriosclerosis with more day (Include pregnancy within 3 months of death) Major Endings of operations. Why county, and state) 12. Name John Luehrs 13. Industry two business 14. Name John Luehrs Major Endings of operations. Why pertension. Due to Arteriosclerosis with more day (Include pregnancy within 3 months of death). Major Endings of operations. Why county, and state of the state which death should be charged statistically. Major Endings of operations. Where did injury occur? (City or town) (County) (State) Name of the state of the state above states, the latended deceased from 19. The state of the state above states, the latended deceased from 19. Major Endings of operations. Where did injury occur? (City or town) (County) (State) Major E	County	Carroll		(For newborn infants give residence of m	nother)	
3. (a) FULL NAME LUEHRS, William J. 4. Set male S. Cobir or race male S. Cobismote, married, widewed, or divorced male White Married S. Cobismote, married, widewed, or divorced married MEDICAL CERTIFICATION 20. Date of Beath, June 21, 1948 S. Spring divorced on the date above states; that I attended deceased from 18. Memory, row John Memory, and states Sol, bland of the deceased from 19. Birthplace MEDICAL CERTIFICATION MEDICAL CERTIFICATION 19. Ball of Beath, June 21, 1948 Spring to 6. A 21. LERIFY that death occurred on the date above states; that I attended deceased from 19. Insection, or can death occurred on the date above states; that I attended deceased from 19. Insection of the date of the states of death, Cartebral hemorrhage Duration Duration 19. Insection of the date above states; that I attended deceased from 19. Insection of the date of the states of death, Cartebral hemorrhage 19. Insection of the date above states; that I attended deceased from 19. Insection of the date above states; that I attended deceased from 19. Insection of the date above states; that I attended deceased from 19. Insection of the date above states; that I attended deceased from 19. Insection of the date above states; that I attended deceased from 19. Insection of the date above states; that I attended deceased from 19. Insection of the death, Cartebral occurred on the date above states; that I attended deceased from 19. Insection occurred on the date above st	City or town			City or town. Bethesda (If outside city or town limits, write RURAL and give nearest town) Street No. 5831 Fairmount Ave (If rural, give LOCATION)		
male white married 8.60) Name of husband or wife Mrs. Emily H. Luchrs 1. Birth date of deceased (mo., day, yr.) Nov. 24, 1889 8. AGE: Vears Months Days If less than one day 5. 6 27 hrs. 10. Birthplace. New York State (Manhattan or (Town, county, and state) 11. Industry or business 12. Same John Luchrs 13. Birthplace Germany 14. Maiden name ? 15. Birthplace Germany 16. Informani Files of Springfield State Hospital Address Sykesville, Md 17. Amman Files of Springfield State Hospital Address Sykesville, Md 18. Funeral director Mashau & Marya Amman Masses of linjured al work? 18. Funeral director Mashau & Marya Amman Masses of linjured al work? 18. Funeral director Mashau & Marya Amman Masses of linjured al work? 18. Funeral director Mashau & Marya Amman Masses of linjured al work? 19. Scolor or race and for wide married MEDICAL CERTIFICATION 20. DATE OF BEATH Julia 21, 1948 pprior to 6 A 21. Luchris Julia 21, 1948 pprior to 6 A 22. LICERTIFY that death occurred on the date above stated; that I attended deceased from land in the date above stated; that I attended deceased from land in the date above stated; that I attended deceased from land in the date above stated; that I attended deceased from land in the date above stated; that I attended deceased from land in the date above stated; that I attended deceased from land in the date above stated; that I attended deceased from land in the date above stated; that I attended deceased from land in the date above stated; that I attended deceased from land in the date above stated; that I attended deceased from land in the date above stated; that I attended deceased from land in the date above stated; that I attended deceased from land in the date above stated; that I attended deceased from land in the date above stated; that I attended deceased from land in the date above stated; that I attended deceased from land in the date above stated; that I attended deceased from land in the date above stated; that I attended deceased from land in the land in	3. (a) FULL NAME		William J.			
5.(b) Name of husband or wife					RTIFICATION	
T. Birth date of deceased (no., day, yr.) Nov. 24, 1889	6.(b) Name of husband o	or wife Mrs.	Emily H. Luehrs	21. I CERTIFY that death occurred on the date above	e stated; that I attended dece	ased from
8. AGE: tears Months Days Itess than one day 58 6 6 7 hrs. min. 9. Birthplace. New York State (Manhattan or (Town, county, and state) 110. Usual occupation. Electrical Engineer 111. Industry or business 112. Name. John Luchrs 113. Birthplace Germany 114. Maiden name. Parties of Springfield State Hospital Address Sykesville, Md 117. Manual Files of Springfield State Hospital Address Sykesville, Md 118. Funeral director Magnum & Date thereof (Inconth) (GP) (Year) 119. Usual occupation. Date of external causes, fill in the following: 110. Usual occupation. Date of operations. 111. Industry or business 112. Name. John Luchrs 113. Birthplace Germany 114. Maiden name. Parties of Springfield State Hospital Address Sykesville, Md 117. Cemetery or cremation, or removal, which) 118. Funeral director Magnum & Magnum Address 119. State) 119. Usual occupation. Date of operations. 119. Usual occupation. Date of operations. 120. Usual occupation of perations of operations. 130. Due to. Arteriosclerosis with more than hypertension of the conditions of operations. 140. Major findings of operations. 150. Due to. Arteriosclerosis with more than hypertension of the conditions of the	7. Birth date of			and that I last saw halive on		19
10. Usual occupation Electrical Engineer Bronx? 11. Industry or business 12. Name John Luchrs Dither conditions Manic depressive psychosis 13. Birthplace Germany (Include pregnancy within 3 months of death) 14. Maiden name ?				Immediate cause of death	www.a.a.ueg.s.	Unation
Dither conditions. Manic depressive psychosis (Include pregnancy within 3 months of death) 14. Maiden name ? 15. Birthplace Germany 16. Informani Files of Springfield State Hospital Address Sykesville, Md 17. Remnal (Burial, cremation, or removal, Which?) Cemetery or crematory (State) Location Date thereof (Manuel Manuel M	1D. Usual occupation	Electrica				***************************************
14. Malden name 2		ohn Luehrs	8			
Address Sykesville, Md 17. Remoderable, Md 18. Funeral director Mannu E Mannum Mannu		?		Major findings of operations		
22. VIOLENCE: If death was due to external causes, fill in the following; Accident, sulcide, or homicide				Autopsy results	ch death should be charged	statistically.
18. Funeral director Wagner E. Ingriphing the Moons of Injury Injured at work? Address 8 434 Dengia are. Silve Apring Md 23 SIGNATURE Was Thank Douty The dieal Examine	17. Remmal	or removal, Which?	Date thereof. (month) (dey) (year)	Accident, suicide, or homicide,	Date of	
23 SIGNATURE MARCH POLICE, REACEAR CENTIME	1B. Funeral director.	Vagnu E	highphry lue	Injured al home, farm, Industry, public place (whe	ere?)	
	0	1	0 1/1 1/2	23 SIGNATURALINES / March	Date signed.	el lexamine orfother 6 · 21 - 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE

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JUN 24 1948

RUREAU V. S.

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6055

CERTIFICATE OF DEATH

g. Diat. No. 75

CERTII ICI	Reg. Dist. No		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate		
Main St How long in hospital or institution?	(If rural, give LOCATION)		
3. (a) FULL NAME Dissel. Thomas Was	3 (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced (MEDICAL CERTIFICATION		
6.(b) Name of husband or wife. Carrie Royella Mays 6.(c) It alive, give age 5.7 7. Birth date of deceased (mo., day, yr.) 9. July 5 1883	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4 % to June 4 19.5 and that I last saw h AMA alive on 18.		
8. AGE: Years Months Days If less than one day Months Days If less than one day	In. For advanced DURAT		
9. Birthplace	Due to		
12. Name abraham mays 13. Birthplace mellen Md	Other conditions		
14. Malden name. Mortha Mays 15. Birthplace Miller Md.	Major findings of operations		
16. Informant Mrs Carrie Mays Address Manchester Md.	Autopsy results		
17. (Burial, cremation, or removal, Which?) Date thereof Will 27/48 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Location Daniel Co Md	Where did injury occur? (City or town) (County) (State) tnjured at home, farm, industry, public place (where?) Means of injury Injured at work?		
18. Funeral director Adultary Address Hampstead Md	23. SIGNATURE W. DJ. 7 oard		
19 June 25" 1948 Mrs. 98. P.S. Danie	Muschester Md M. Drosshor		

MARGIN RESERVED FOR BINDING

JUL 1 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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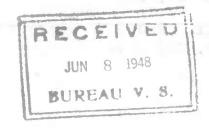
CERTIFICATE OF DEATH

Reg. Diat. No.....

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of		
City or townHenryt.O. (If outside city How long in above place of death? Hospital, institution, or street add Maryland Tube How long in hospital or institution	9 month ress where death occurr erculosis	sanatorium	stat Maryland County wn) City or town Baltimore (If outside city or town limits, write RURAL and give nearest Street No. 718 W. Fairmount Ave. (If rural, give LOCATION) 1 Tyto 7(a) It veteran, name war.		
3. (a) FULL NAME				3. (b) Social Security	Number
	Eula Ma	e Mc Clinton		213-26-60	04
4. Sex 5. Color		gle, married, widowed, or divorced	MEDICAL C	ERTIFICATION	F
female co	1	Single	20. DATE OF DEATH June 3	1,48	3:45
6.(b) Name of husband or wife			21. I CERTIFY that death occurred on the date abo	ove stated; that I attended dec	eased from
****			September 22	47 to June 3	194
7. Birth date of		.(c) tf alive, give ageyears	and that I last saw h. Oralive on Jun	e 3	19.48
deceased (mo., day, yr.) Ju		It less than one day	Immediate cause of death		DURATION
o. Ade.	nths Days	hrs. min.	Pulmonary Tubercu	losis	Feb.
	(Town, county, and		Due to		
10. Usual occupation. Dome	st1c		Due to		
		n	Other conditions	***************************************	***
13. Birthplace Atlan	ta, Georg	son	(Include pregnancy within 3	months of death)	
14. Maiden name		10011	Major findings of operations	***************************************	
\$ 15. Birthplace YORK	S. Caroli	na		Date of op	
14. Maiden name Mat 15. Birthplace York 16. Informant Deceas	ed		Actopsy resolts	hich death should he charge	d statistically.
Address 17. Susial (Burial, cremation, or remov	Date th	ereot (month) (day) (year)	22. VIOLENCE: It death was due to external car Accident, suicide, or homicide	Date of	
Cemetery or crematory	1. Pa-	4 510.	Where did injury occur?(City or town)		
Location		11 11 10	Means Chiury	Injured at work?	
18. Funeral director.	Jules, C	DV. CHACK	2	O A	
Address 69	(Much	Jan 1	23. SIGNATURE SCALLER ST	fuan, n.	or other
19. June 3 (Date rec'd by registrar) [ocal Denu	t V Registrar	Address Henryton, Mary	rlandDate signed	6/3/48

LAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY is especially 9-45-15M A15 SA



Date signed 6/7/48.

1			CERTIFIC	CATI	E OF DEATH	Reg. Dist. No	74
1. PLACE OF DEATH					2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	f mother)	
City or town)		ts, write RURAL and give ne	
Maryland	Tubercu	losis	Sanatorium	ytor	Street No. 1622 E. Chase (If rural, giv	re LOCATION)	٠
3. (a) FULL NAME	Thomas	Clow	er Moss			3. (b) Social Security	Number
4, Sex 5.	. Color or race	6.(a)Singi	e, married, widowed, or divorced	11	MEDICAL O	ERTIFICATION	1
male	col		Married		20. DATE OF DEATH June 7		3, 8:30
B.(b) Name of husband or v	derti	ude M	088		21. I CERTIFY that death occurred on the date at ebruary 13	48 , June '	19. 48
7. Birth date of	T7 - 3		e) It alive, give age 37	years	and that I last saw h. im alive on Ju	ine 7	19.48
deceased (mo., day, yr.)	reprus	Iry II	, 1911	- 11	Immediate cause of death		DURATION
8. AGE: Years	Months	Days 27	tt less than one day	mln.	Pulmonary Tuberc	ulosis	Jan 1
9. BirthpiaceMontg		County, and	Alabama		Due to		
11. Industry or business					Due to		***************************************
뿔 12. Name W111	ie Glov	zer			Other conditions	•••••	
	uvelia	Moss			(Include pregnancy within 3		
15. Birthplace MOn	tgomer	r, Ala	bama			Date of op	
	ased				Autopsy results	which death should be charged	statistically.
17(Burial, cremation, or	removal. Which?	Date ther	ent Shipped (a) (you	18	22. VIOLENCE: It death was due to external confident, suicide, or homicide		
Cemetery or crematory	monta	ones	y, alabam	a	Where did Injury occur?(City or town)	(County)	(State)
Location				0	Injured at home, farm, Industry, public place (
18. Funeral director.	us Kube	y El	lipy tdang	hier	Meens of Injury	injured at work?	
Address [129	'n Car	olive	AY /		23. SIGNATURE Barbery X	African m.	or other
19. June 7 (Date rec'd by regist	rar) LOC	al Ber	OULY Reg	gistrar	Address Henryton, Mary		

information carefully. The co FOR BINDING INFADING INK. Supply every item of nt. Physicians: please write the causes MARGIN RESERVED PLAINLY, V is especially

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

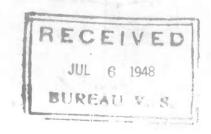
CERTIFICATE OF DEATH

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	Keg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State MALS County Lassett Co-
City or town (If optiside city of town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RORAL and give nearest town)
Hospital, institution or street address where weath occurred:	Street No.
Springfulla & Sale XIII Mal	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Bessel	Murphy
4. Sex 5. Color or race 6.(a) Single, married) widowed, or divorced	MEDICAL CERTIFICATION
	20. DATE OF DEATH. 2011 30 17-19 78 at 9-45 N
	21. I CERTIFY that death occurred on the date above stated; that Lakended deceased from
6.(b) Name of husband or wife	July 2 9 1874 10 June 3 1848
7. Birth date of	and that I last saw belong alive on June 9 14 19 48
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	A A A A
5 6min.	Cerebal Himorhall Zuhr
a Righteless Manelle G	Due to.
9. Birthplace (Town, county, and state)	
1D. Usual occupation	Due to
11. Industry or business Wellewer	BUC 10-
12. Name lluf	Dther conditions
12. Name Llus 13. Birthplace Land,	
	(Include pregnancy within 3 months of death)
E	Major fiedings of operations.
≥ 15. Birthplace	Date of op,
16. Intermant Sungfield Hoofe Bronds	Actopsy results
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burish ledy 3 1948	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory of surgefield of sphetal Com.	Where did Injury occur?
Location Systemple Ms.	Injured at home, farm, Industry, public place (where?)
Offeren Hoon	Means of Injury Injured at work?
IB. Funeral director	011/1/1/11/11/11
Address Systesville Md.	MA Mastan MI.
July 2 He OHaves Ween	23. SIGNATURE M. D. optother
Oate rec'd by registrar) Registrar	Address Jyhlsulle Maks gred 3 0/40



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1. PLACE OF DEATH:

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The k is especially important. Physicians: please write the causes of death clearly and legibly.

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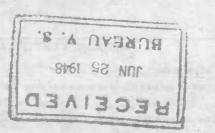
CERTIFICATE OF DEATH

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2. USUAL RESIDENCE (HOME) OF DECEASED:

Reg. Diat. No ...

County	utside city or town l of death? street address where	death occurred:	R Mt. Airy URAL and give nearest town) Neeks	(For newborn infants give residence of mother) Maryland County County City or town (If outside city or town limits, write RURAL and give near Street No. (If rural, give LOCATION) 2.(a) If veleran, name war. MEDICAL CERTIFICATION	
Female	White	Mar	ried	20. DATE OF DEATH	.11:P .
6.(b) Name of husband of 7. Birth dale of deceased (mo., day, ye	Jul	*****	C. Nygren Hallve, give age 73 years , 1881	21. I CERTIFY that death occurred on the date above stated; that I allended decea	sed from 18.48
8. AGE: Years 66		Days 17	If less than one dayhrsmin.	Myorardial Insufficiency	
9. Birthplace	Willia	county, and st lousewed m Line Maryla	dsay and	Due to	
16, INTORMAN	. Philip	Maryla Cumm	ings	Major findings of operations	
(Burial, seemation,	ial West minster,	Date There cminst Carro	6-21-48 (month) (day) (year) er 11 Co. Md.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	(State)
(Date rec'd by reg	distrar)		Socal Registrar	Address Mitary Med Bale signed	9/20/48



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100	No.

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Diat. No .. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH forn infants give residence of mother write RURAL and give nearest town) If outside city or town limits information carefull of death clearly and How long in above place of death Hospital, Institution, or street address where death of Street No ... (If rural give LOCATION) How long in hospital or institution? 2.(a) If veteran, name war ... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION item of i 2D. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from and that I last saw h.....alive on ... 7. Birth date of deceased (mo., day, yr.) Supply lease wr If less than one day 8. AGE: Id 12. Name..... (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace 14. Maiden nam Major findings of operations..... especially PHYSICIAN: Please underline the cause to which death should he charged statistically.

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Address

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Means of Injury

Where did Injury occur?

Injured at work?

(County)

22. VIOLENCE: If death was due to external causes, fill in the following;

(City or town)

Accident, suicide, or homicide.....

Injured at home, farm, industry, public place (where?)

(State)

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CERTIFICATE OF DEATH

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Reg.	Dist.	No.	74	٨

	ERTIFICATE OF DEATH	Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DE (For newbody infants give residence of moth	ECEASED:
County Party		(va y
City or town Sul Melantil	State County	
(If oftside city or town limits, write RURAL and g	2 7 d City or town	mne
How long in above place of death?	(If outside city or town limits, wr	ite RURAL and give nesrest town)
Hospital, institution, or street address where death icommend	Street No. 5904 Star	ord ta
Vanguer Den De	(If rural, give Ido	ATION)
How long in hospital by institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME	y Borosh Pandale 3	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wide	gyed, or divorsed / MEDICAL CERT	CIFICATION
- 7 W	MEDICAL CER	1 15 00
a. W. Mar	rula 20. DATE OF DEATH June /	19 4 B , al
Emery Con	21. I CERTIFY the seath oppyrred on the date above 31	ajed; that attended deceased from
6.(b) Name of husband or wife	July 9 1946	10 succes 4 19 4 8
6.(c) If alive, give	ageyears	A 1sh. 12/11
7. Birth date of deceased (mo., day, yr.) Chull 17-/	89 / that I last saw here on	
8. AGE: Years Mophis Days If less tha	Immediate cause of death	DURATION
o. AGE:		
2/22	hrs. min. ffm ful	moula Luna
- Sumair	y Due to	
9. Birthplace	1.1	10 -
10. Usual occupation	uple Hulleton 1	elenna 22.
	Oue to	414
11. Industry or business		
12. Name John Goran	Other conditions	
\$ 13. Birthplant hungary		
	(Include pregnancy within 3 mont	hs of death)
14. Malden name. All for the last of the l	Major findings of operations	
E 15. Birthplace		0ate of op
1/2 - Emma Pdu	Autopsy results	
16. Informant	PHYSICIAN: Please underline the cause to which	death should he charged statistically.
Address 904 Stanford	22. VIOLENCE: If death was due to external causes,	filt in the following:
17 Berial Dale theregisters	2 9 1948	
(Burial, cremation, or removal. Which?) (mor	nth) (dby) (year) Accident, suicide, or homicide	
Cemetery or crematory Suinsfield Hospit	al Cerre, Where did Injury occur?	(County) (State)
Surfignille, md		
Location	Means of Injury	Injured al work?
16. Funeral director. Cottany 18ell	0,000	1 1 1
Address Systesville, my	rd. XXXIII	The MI
Authors	23. SIGNATURE.	M. Derother
10 June 8 19 48 Stall	4/see	10 ML 11/11/11
(Date rec'd by registrar)	Registrar Address Address	Date signed

information carefully. Ale MARGIN RESERVED FOR BINDING WITH UNFADING INK. Supply every item of important. Physicians: please write the causes PLAINLY, vis especially i

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CERTIFICAT	TE OF DEATH Reg. Diat. No.
County. City or town. (11 outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) II veteran, name war.
3. (a) FULL NAME Harvey L. Picker	3. (b) Social Security Number
4. Sex 5. Color or race 8. Fa) Single, married, wildowed, or divorced 1. Color or race 8. Fa) Single, married, wildowed, or divorced 1. Color or race 8. Fa) Single, married, wildowed, or divorced 1. Color or race 8. Fa) Single, married, wildowed, or divorced 1. Color or race 8. Fa) Single, married, wildowed, or divorced 1. Color or race 8. Fa) Single, married, wildowed, or divorced 1. Color or race 8. Fa) Single, married, wildowed, or divorced 1. Color or race 8. Fa) Single, married, wildowed, or divorced 1. Color or race 8. Fa) Single, married, wildowed, or divorced 1. Color or race 8. Fa) Single, married, wildowed, or divorced 1. Color or race 8. Fa) Single, married, wildowed, or divorced 1. Color or race 8. Fa) Single, married, wildowed, or divorced 1. Color or race 8. Fa) Single, married, wildowed, or divorced 1. Color or race 8. Fa) Single, married, wildowed, or divorced 1. Color or race 8. Fa) Single, married, wildowed, or divorced 8. Fa) Single, married, wildo	MEDICAL CERTIFICATION 20. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 2 19 48 10 9 19 48 and that I tast saw home. alive on June 4 19 48 Immediate cause of death DURATION Carouary Thrankows Says Due to.
11. Industry or business H 12. Name 12. Name 13. Birthptace H 14. Maiden name Politic Strong 15. Birthplace	Dither conditions (Include pregnancy within 3 months of death) Major findings of operations. Date of on.
Address 100 Company (day) (which?) Cemetery or crematory. Address 200 Company (day) (wear)	Autopsy results PHYS1CIAN: Please nuderline the cause to which death should be charged statistically. 22. V10LENCE: If death was due to external causes, fift in the following: Accident, suicide, or homicide
18. Funeral director Bredge Classes Comments (Date rec'd by registrar)	Injured at home, farm, industry, public place (where?) Weans of Injury 1 Injured at work? 23. SIGNATURE M. D. or other Address Addre

RESERVED FOR BINDING MARGIN WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

			- 1	74
Reg.	Diat.	No.		1 =

1. PLACE OF DEATH: County Carroll City or town Henryton, Maryland (If outside city of town limits, write RURAL and give nearest town) How long in above place of death? 7 months 12 days Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium How long in hospital or institution? Colored Branch, Henryton	(If outside city or town limits, write RURAL and give nearest town) Street No. 1520 Ashland Ave. (If rural, give LOCATION)		
3. (a) FULL NAME	3. (b) Social Securit	y Number	
William Henry Powell 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	245-20-35	43	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	A.	
male col Separated	20. DATE OF DEATH June 8	8, 3:30	
6.(b) Name of husband or wife MOLLIE POWELL 7. Birth date of S.(c) H alive, give age 50 years	21. I CERTIFY that death occurred on the date above stated; that I attended de October 27 19. 47, to June and that I last saw h. im. alive on June 8	ceased from 8	
deceased (mo., day, yr.) March 6, 1894 8. AGE: Years Months Days It less than one day	Immediate cause of death	October	
54 3 2hrsmin.	Pulmonary Tuberculosis	1047	
9. Birthplace Virginia (Town, county, and state) 10. Usual occupation	Due to		
14. Maiden name. Carrie Singleton 15. Birthplace Virginia 16. Intermant. Deceased	(Include pregnancy within 8 months of death) Major findings of operations		
Address 17. Development (Burid), cremation, or removal, Which?) Cemetery or crematory Location 18. Funeral director, The standard of the	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide	(State)	



Date signed 6/30/48.

MARYLAND STATE DEPARTMENT OF HEALTH

2411	N.	Charles	St	Baltimore

CERTIFICATE OF DEATH

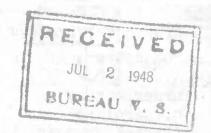
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2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County		
State Haryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town Street No. 933 Hubbard Court (If rural, give LOCATION)		
2.(a) If veteran, name war		
ng (Green) 3. (b) Social Security Number		
MEDICAL CERTIFICATION		
20. DATE OF DEATH. June 30 19. 48 at 4:0		
21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from June 25 19.48 10. June 30 19 and that I last saw h. er. alive on June 30 19 lumediate cause of death Pulmonary Tuberculosis Not		
194		
Due to		
(Include pregnancy within 8 months of death) Major findings of aperations		
Autopsy results		
22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide		
23. SIGNATURE Neuleur Hoffman, M. D. or other		

LAINLY, WITH UNFADING INK. Supply every item of information carefully especially important. Physicians: please write the causes of death clearly and PLAINLY is especial PLEASE WRITE

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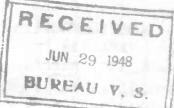
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEPTIFICATE OF DEATH

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			CERTIFICAT	L OI DEATH	Reg. Dist. No	
1. PLACE OF DEATH	•			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of the contract of the contra	F DECEASED:	
County Carrol	1					
			State. Maryland. County			
Hospital, institution, or street	t address where	death occurred	Sanatorium	Street No. 1129 Pennsylv (If rural, give	LOCATION)	
3. (a) FULL NAME					3. (b) Social Security	
		st To	nie Rovelev		230-03-0274	
4. Sex 5. C	Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	P
male	col	M	arried	20. DATE OF DEATH. June 26	19.48	4;35 F
6.(b) Name of husband or wi	_{te} Beat	rice	Reveley c) If alive, give age 21 years	21. I CERTIFY that death occurred on the date abo June 8 18 and that I last saw h.im alive on Jun	48 June	26 19 48
deceased (mo., day, yr.)	Febru	lary Days	50. 1318	Immediate cause of death		DURATION
8. AGE: Years	Months	Bays	if less than one day	Pulmonary Tubercu.	losis	Oct.28
30	4	6	hrs min.			21945
10. Usual occupation	Nelder Liam Ro rginia	evelej	state)	Due to		
14. Malden name I.	da Spa	rrow		Major findings of operations		
2 15. Birthplace Vi	rginia	1213				
16. Informant Dec et	ased			Autopsy results	hich death should he charged	statistically.
Address 17	Ball Ball	Date the	reof 7/1/48 (month) (day) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	uses, fill in the following;	(State)
Address 9/6 19. June 26. (Date rec'd by registr.	Pen 19 48		Ave Deputy Registrar	Hammetin Many		or other 6/26/48



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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 74

CERTIFICA	Reg. Diat. No.	
PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunto give recidence of mother) State	
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town	wn)
Hospital, institution, or street address where that haccured:	Street No	************
now long in possital or institution?	2.(a) If veteran, name war	
3. (a) FOLL NAME Valentine	Riley. 3. (b) Social Security Number	er
4. Ses 5. Color or race 8.(a) Single frarried, widowed, or diverced	MEDICAL CERTIFICATION 19 4 8 21 2	.25 4
6.(b) Name of husband or wife Matsleda Pottaud	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	1948
7. Birth date of deceased (mo., day, yr.)	and that I last saw had alive on	OURATION
8. AGE: Years Months Days If less than one day 22hrs	in.	
9. Sirthplace		Sumil
10. Usual occupation	The 10 rt, Cervicol	
12. Name Malls Killy 13. Birthplace	Other conditions	
14. Maiden named Indiana Shriptage	(Include pregnancy within 8 months of death) Major findings of operations	
S 16 Birthplace	Date of op.	***************************************
4ddres / Washington Bar	Autopsy results	cally.
17	Accident, suicide, or homicide	
Cemetery or crematory Assessmen	Whers did injury occur?	
18. Funeral director LILLY and ZeilEB. Fine	Means of Injury Injured at work?	
Address 403 S. wolfe St. Balto, 31.	23. SIGNADURE H. H. Hastin H.D.	-
19 June 6 18 48 Offany Heer Registrar)	Man of of the state of the stat	148

JUN 8 1948

2411 N. Charles St., Baltimore

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C.P.R.	PILA	IP. UP	I Jr. A	

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./			CERTIFICA	TE OF DEATH Reg. Dist. No	74
How long in above place Hospilai, institution, of Maryland. How long in hospital	nryton, he outside city or town ce of death?	onths death occurre	nd RURAL and give nearest town) 23 days d: Sanatorium	Street No	Laurel,
3. (a) FULL NAM		rrie R	ebecca Rustin	3. (b) Social Security 214-16-554	
4. Sox	5. Color or race		le, married, widowed, or divorced	MEDICAL CERTIFICATION	
female	col	S	eparated	20. DATE DF DEATH June 29 19 48	6:30
		6.	nes Rustin (c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended dec October 6 and that I lact eaw h er alive on June Immediate cause of death	29 1 48
8. AGE: Yea	re Months	Daye	If less than one day	Pulmonary Tuberculosis	
28	10	7	hrsmii		1947
10. Usual occupation 11. Industry or busing	ese	fe inson	atate)	Dihor conditions	
	Carrie	Clark		(Include pregnancy within 8 months of death)	
H 14. maigen nam	Cooll Co	11n ± 37	Morviand	Major findings of operations.	
16. Intermant	eceased	anoy,	Maryland	Autopsy results	l statistically.
Address 17. P. C.	A.A. Doug 500 5	Cale	Formal (oly) (year) From Parish From Parish Registry Registry	22. VIOLENCE: If death was due to external causee, fill in the following: Coldent, suicide, or homicide	n.D.

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and to

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2411 N. Charles St., Baltimore

CI	ERTIFICATE OF DEATH Reg. Diat. No.
County City or town limita, write RURAD and with How long in above place of death? Hospital, institution, or street address where death occurred:	City or town (If outside city or town limits, write RURAL and give nearest town) Street Mo. (If rural, give LOCATION)
How long in hospital or institution?	2.(α) It veteran. name war
3. (a) FULL NAME	Sensemels 3. (b) Social Security Number
4. See 5. Color or race 6.(a) Single, married, wido female white wikow	owed, or divorced MEDICAL CERTIFICATION 20. DATE DF DEATH. 22 19/18 at 5: 20
6.(b) Name of husband or wife	21. I CERTIEV that death occurred on the date above stated; that I attended deceased from 19. 40, to the control of the date above stated; that I attended deceased trom 21. I CERTIEV that death occurred on the date above stated; that I attended deceased trom 22. I age 22. I age 22. I age 22. I age 23. I age 23. I age 23. I age 24. I age 24. I age 24. I age 25.
deceased (mo., day, y ₁ .) 8. AGE: Years Months Days II less than	in one day Duration artery disease Missie
9. Birthplace (Article (Town, county, and state)	med Due to Desleter yes
10. Usual occupation. A DUALIST AND 11. Industry or business	Due to
12. Name Massessale Repp 13. Birthplace mary land	2 Other conditions
	(Include pregnancy within 8 months of death) Major findings of operations.
14. Maiden name Lingulation fair	Date of op.
Address Plus Asi, Bridge R. W.	Actopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial, cremation, or removal, Which?) Date thereof C. C. Canoni	22. VIOLENCE: It death was due to external causes, fill in the tollowing: Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur? (City or town) (County) (State)
Location Miss Milliam Koak	Injured at home. farm, Industry, public place (where?) Means of Injury Injured at work?
Address Grion Bridge & Hey Cost	essented my Daniel m D
19. (Date rec'd by registrar)	1. Tepp 23. SIGNATURE Williamster M. D. or other 2. C. M. D. or other 2.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			CERTIFICA	TE OF DEATH	Reg. Dist. No	4
1. PLACE OF D	DEATH:			2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of		
County			URAL and give nearest town)	State Maryland Co	ts, write RURAL and give ne	
	d Branch,	nenry	ton, Md.	. (If rural, giv	e LOCATION)	
3. (a) FULL NA	ME	ES SI	ewet.t.		3. (b) Social Security 218-01-	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	1010
Male	Colored	Wid	lowed	20. DATE DF DEATH June 18.		. 2.45A
		6.(c) It alive, give ageyea	21. I CERTIFY that death occurred on the date at May 21	48 . June 1	8, 19 48
deceased (mo., da	y, yr.) Febr	uary	4, 1913	Immediate cause of death		
8. AGE: Ye	Months 4	Days	it less than one dayhrsmin	Pulmonary Tuber	culosi s	Sept. 1945
10. Usual occupatio	James I Easton,	Danie Md.	L Sewell	Due to Due to Diher conditions		
14. Maiden nam	Jan he J		n	Major findings of operations		
	Easton, ece a sed			Autopsy results		
	ion, or smoval. Which?)	Date the	eot (month) (gar) (year)	22. VIOLENCE: It death was due to external ca	Date of	(State)
Location	A H		W. Wolland	Injured at home, farm, Industry, public place (where?)	
18. Funeral director	31 Drui	enge L	el ave			or other
19. (Date rec'd by	8 19 48	Dep	uty Local Registra	Address Henryton,	Md . Date signed.	6/18/48

JUN 21 1948 BUREAU V. S.

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MARYI.AND	STATE	DEPARTMENT	OF	HEALT

	DEPARTMENT OF HEALTH rlea St., Baltimore
	TE OF DEATH 1312 Reg. Dist. No. 76
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town Proceedings of town limits, write RURAL and give nearest town) Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Connie Elizabeth &	Lerfey 2 13-16-1507
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced married.	MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 19.15
6.(b) Name of husband or wife 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	and that I last saw have alive on 19.7 I lamediate cause of death 5 DURATION 5
9. Birthplace	Due to
12. Name Diorge W. Munford. 13. Birthplace Montgomery Co. Med. 14. Malden name Comis R. Eigler. 15. Birthplace Fred & Co. Med.	Other conditions a demanded (Include pregnancy within 3 months of death) Major findings of operations.
16. Intermed In anni Governo	Autopsy results
17	22. ViOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide
18. Funeral director H. Banka Yan. Address . 1/207 minuter . Ord.	Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work?
JUN 26 1948 19 Registrar	23. SIGNITURE M. D. Strotter Address. M. D. S



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	CERTIFICATE	OF DEATH	Reg. Dist. No
County	Give nearest town) Stat	USUAL RESIDENCE (HOME) OF I (For newborn infants give residence of mo ate	viii.RURAL and give nesrest town)
How long in hospital or institution?	2.(0	(a) If veteran, name war	
3. (a) FULL NAME Halter Hers	ert Ships	ley	3. (b) Social Security Number
4. Sex Nale Thit (a) Single, married, w Thit (b) Name of husband or wife Cline (c) Malle of husband (c) Malle of husband	February 21.	MEDICAL CER D. DATE OF DEATH	22 1948 1218
7. Birth date of deceased (mo., day, yr.) May. 30-th /	888 and	d that I last saw h windlive on .	uf/22, 194/
	than one day	onediate tape of death	Lysis 2 chay
9. Birthplace	Ö CO. Due	ie to	
10. Usual occupation	116	le fo	
12. Name William Shy 13. 8irthplace Balto. Co.	Othe	her conditions	
14. Malden name Blaning 74. 15. Birthplace Balto. Cil	dges	(Include pregnancy within 3 mor	
16. Interment Durs. Gling Ship	lecy Ant	ntopsy results	
Address Sy kvarille		HYSICIAN: Please underline the cause to which NOTIFIED IT IS NOT THE WAY OF THE PROPERTY OF T	
(Burlat, cremation, or removal, Which?)	Milli (day) (year)	cident, suicide, or homicide	
Cemetery or crematory Pakland. As kee		here did injury occur?(City or town) jured at home, farm, industry, public place (where	
Location D. Harry Well		eens of Injury	Injured at work?
18. Funeral director	ma.	3 SIGNATURE For, E, Ma	tu m.D.
19 June 22 19 48 Offace (Date rec'd by registrar)	Year Registrar Add	Paudallstown	M, D, or other Date signed 6/22/48

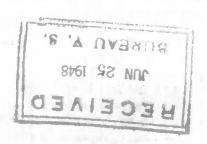
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PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

corket age

WRITE

PLEASE



information carefully. The

ADING INK. Supply every item of Physicians: please write the causes

PLAINLY, is especially

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No...

1. PLACE OF DEATH: County Carroll				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	nother)	
City or town				State Maryland Coun		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?			URAL and give nearest town)	City or town	ster	
How long in above place Hospital, institution, or	street address where	death occurred	*	Street Ho. 2 West G		
	.,		•••••	Street Ho	LOCATION)	
How long in hospital o	r institution?		***************************************	2.(a) If veteran, name war	none	***************************************
3. (a) FULL NAM					3. (b) Social Security N	
0.(0) 1022		A:	lice L. Smith		213-05-135	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
11-2						0.1
female	white		married	2D. DATE DF DEATH June 21	19.48	1.34a.
6.(b) Name of husband	or wife	ıy B.	Smith	21. I CERTIFY that death occurred on the date above	e stated; that I allended deceas	ed from
			e) If alive, give age58years	June 17		
7. Birth date of	A 2 2	miet !	29, 1893	and that I last saw herealiye on	Eppl 20	19
deceased (mo., day,)		Days	If less than one day	Immediaio cause of death.	Nac	DURATION
8. AGE: Years 54	9	23			l_	5 da
			hrs min.	-	f)	
9. Birthplace	Westmin	ster,	Md.	Que to Cores	clesases	Seven
				(Several) Tryp	erlesson	450
1D. Usual occupation	hous	E.W.T.T.E.	•••••	Due to		6
11. Industry or busines				-		····
12. Hame	John H.	Wilhi	de	Dther conditions	•••••••••••••••••••••••••••••••••••••••	***************************************
13. Birthplace	Mary.	land		(Include pregnancy within 3 m		
W 14 Maiden name	Lvdia	Mill	or .	The state of the s		
	Mary.			Major findings of operations		
					Date of op	
16. Informant	Guy B. Si	nith		PHYSICIAN: Plesse underline the crose to whi	ish death should be should at	a tiotice Ny
Address	Westmin	nster	. Md.			tatistics it y
				22. VIOLENCE: If death was due to external caus		
1	or removal. Which?)		eof. 6/23/48 (month) (day) (year)			
Cemetery or cremate	west	ninst	er Cemetery	Where did Injury Occur?(City or town)	(County)	(State)
Location	West	minst	er, Md.	Injured af home, farm, industry, public place (who	ere?)	
				Means of Injury	Injured at Work?	
18. Funeral director		cancl	s Reese	100	1.	1
Address	/ West	ninst	er Md.	23. SIGNATURE LEGICA	100 esc	her
6/	22-16	190	Rever from	23. SIGNATURE	M. D. or	other
19. (Date rec's by re	egistrar)		Registrat	Address Ulls suleus	Alle pate signed	6/21/48

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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1	Charles	

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATHO 00 P.	2. USUAL RESIDENCE (HOME) OF DECEASED;
County	(For newborn infants give residence of mother)
(if outside city or town limits, write BOKAL and give nearest town)	State & County County
How long in above place of death? 3332	(If outside city or town limits, write RUKAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Streel No.
	(If fural, give LOCATION)
Now long in hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Joseph Owington &	3. (b) Social Security Number
4. Sex Bleech S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 19.4% at M
6.(b) Hame of husband or wife	21_LCERTIFY that death occurred on the date above stated; that I attended deceased from
	May 20 1948, 10 June 8 1948
7. Birth date of	and that I last saw h. M. alive on
deceased (mo., day, yr.) 8. AGE: Years , Months Days If less than one day	Immediate cause of death DURATION
74 hrs. min.	f f
P	Juliustay absect
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation	
11. Industry or business	Due to
= 12 Name Andrew Smith	Other conditions
3. Birthplace Unknum	
M 69 // .	(Include pregnancy within 3 months of death)
15. Birthplace	Major findings of operations.
ZI 15. Birthplace	Date of op.
16. Informany / allange / attention	Autopsy results
Address Mission Bredon M.A.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burnal Date Hereot 6-11.48	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burfal, cremation, or compyal Which?) Date Marcol (month) (dsy) (year)	Accident, suicide, or homicide
Cemetery or grematory	Where did injury occur?
Location Ila Muchonton and	Injured at home, farm, industry, public place (where?)
18. Euneral director assured B It right	Means of Injury Injured at work?
11 1-10 -1 8001	7110
Address Minds Budge Man	23. SICHATURE A LITTER 9
June 10, 48 Lesling Topop	M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed 6 Y X

David South Wilmight 9.9.



1948

CERTIFICAT	TE OF DEATH Reg. Diat. No. 74
1. PLACE OF DEATH: Sounty City or town (If butside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospitai, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Mary Ellen Snowden	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Manuel	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. 2 P 10. MEDICAL CERTIFICATION
8. AGE: Years Months Days If less than one day 8. AGE: Years Months Days 1 186 / Best han one day 1 186 / Best han one day	21. I CERTIFY that death occurred on the date above stated: that i attended deceased from 19. 4 to 19
9. Birthplace	Due to
12. Name	Other conditions
18. Informant Preston A. Smowden Address Syncoville Ma. R. F. D. 17. Survial (Burial, cremation, or removal Which?) Cemetery or crematory. Hest Liberty Cenn.	Autopsy results
18. Funeral director. CS Yang Year Address Suplemble Ma. 19 June 19 19 46 Chang Year Registrar Registrar	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE M. D. or other

BINDING RESERVED FOR MARGIN ADING INK. Supply every item of information carefull Physicians: please write the causes of death clearly and

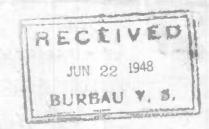
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Dist. No. 74

1. PLACE DE DEATH: County Coun		
State (15 dutation city or town integrated town) State (15 dutation city or town integrated town) Store in any appear of death) Respital, institution, or street address where death occurred: Street No. (If rural, give LOCATION) Street No. (If rural, give LOCATION) Street No. (If rural, give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number 3. (c) FULL NAME 4. See 5. Coler or fee 6. (c) Single, married, videwed, or divided Married 5. (b) Rame of humband or wife States of the street address where death occurred in the death occurred on the date above stated; that I attended deceased from the states of the		
City or town (If Mutside city or town limits, write RURAL and give nearest town) Row long in above place of death? Respital, Institution, or street address where death occurred: Street No. (If outside city or town limits, write RURAL and give nearest town) Row long in hospital or institution? 3. (a) FULL NAME Dansey Frank Stanbitz 4. Sex S. Color or fex S. Color or fe	County	
Box long in about pice of death Box long in hospital or institution, or street address where death occurred: Box long in hospital or institution, or street address where death occurred: Box long in hospital or institution, or street address where death occurred: Box long in hospital or institution, or street address where death occurred: Box long in hospital or institution, or street address where death occurred: Box long in hospital or institution, or street address where death occurred: Box long in hospital or institution, 3. (a) FULL NAME 4. Set 5. Color or fee 8. (c) It silve, give age 8. (c) It silve, give age 9. DATE OF DEATH 20. DATE OF DEATH 21. LONG IN the death occurred on the death obeve stated; that I attended deceased from and final last saw h	City or town Syscarrille	State County
Respital Intitution, or street address where death occurred:	(If outside city or town limits, write RURAL and give	nearest town) City or town Stoods Mill Rural
Rev long in hospital or institution? 3. (a) FULL NAME A See	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Rev long in bospilal or institution? 3. (a) FULL NAME Description of the state of	Hospital, Institution, or street address where death occurred:	Street No.
3. (a) FULL NAME Dorsey Frank Starbits 4. Sex 5. Color or free M		(If rural, give LOCATION)
4. Sex S. Color or yet: Manied 6. (a) Name of husband or wife Secure Standing 8. (b) Name of husband or wife Secure Standing 1. Birth date of deceased (mm. day, yr.) 1. Birth date of deceased (mm. day, yr.) 8. AGE: Years Means Bays It less than one day 1. Birthplace (Town, colonty, and gree) 1. Industry or business 1. Malden name Many & Republik 1. Service of many & Many & Malden 1. Service of many & Many	How long in hospital or institution?	2.(a) If veteran, name war
8. (a) Hame of husband or wife Selection Standing 8. (b) Hame of husband or wife Selection Standing 9. Birth date of deceased (no. 607, yr.) Secure 11 9 disc 12. I CERTIFY flat death occurred on the date above stated; that I attended deceased from 12 12 13 13. Birth date of deceased (no. 607, yr.) Secure 11 14 15 15. Birth date of deceased (no. 607, yr.) Secure 11 15 15 16. Safety of the secure 12 16 16 16 17. Same	3. (a) FULL NAME	3. (b) Social Security Number
8. (a) Hame of husband or wife Selection Standing 8. (b) Hame of husband or wife Selection Standing 9. Birth date of deceased (no. 607, yr.) Secure 11 9 disc 12. I CERTIFY flat death occurred on the date above stated; that I attended deceased from 12 12 13 13. Birth date of deceased (no. 607, yr.) Secure 11 14 15 15. Birth date of deceased (no. 607, yr.) Secure 11 15 15 16. Safety of the secure 12 16 16 16 17. Same	Donsey Fram (See	de diseased
6.(b) Name of husband or wife Strucks Stanbity 8. 6.(c) It alive, give age years deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace (Town, eachsty, and gives) 10. Usual occupation. 11. Industry or business 11. Maiden name Mary A. Reputat 13. Birthplace 14. Maiden name Mary A. Reputat 15. Birthplace 16. Informant Mary Commonth, lighthy 17. Birthplace 18. Informant Mary Commonth, lighthy 19. Date of og. 19. Address Forestor, or removal supphis 10. Usual Occupation. 11. Burnal Date thereof marks of casternal causes, fill in the following: 10. Usual occupation. 11. Burnal Date thereof marks of casternal causes, fill in the following: 11. CERTIFF that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	4. Sex 5. Color or race 5.(a) Single, married, widower	MEDICAL CERTIFICATION
6.(b) Name of husband or wife Strucks Stanbity 8. 6.(c) It alive, give age years deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace (Town, eachsty, and gives) 10. Usual occupation. 11. Industry or business 11. Maiden name Mary A. Reputat 13. Birthplace 14. Maiden name Mary A. Reputat 15. Birthplace 16. Informant Mary Commonth, lighthy 17. Birthplace 18. Informant Mary Commonth, lighthy 19. Date of og. 19. Address Forestor, or removal supphis 10. Usual Occupation. 11. Burnal Date thereof marks of casternal causes, fill in the following: 10. Usual occupation. 11. Burnal Date thereof marks of casternal causes, fill in the following: 11. CERTIFF that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	m It man	ud Jane 21 10 48 12-30 F
8. (c) Hame of hubband or with	D de	
1. Birth date of deceased (mo. day, yr.) S. AGE: Years Months Days 11 less than one day	6.(b) Name of husband or wife. General Stand	
1. Birth date of deceased (me, day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace (Town, echnty, and diste) 10. Usual occupation Due to. 11. Industry or business 12. Name Family Lambity 13. Birthplace (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. Major findings of operations. Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major fi		1919
Impediate cause of death DURATION	7. Sirth date of	and that I tast saw halive on
8. AGE: Years Months Days If less than one day 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant. 17. Burial 18. Wight 19. Burial 20. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. 19. Burial 1		Immediate cause of death
9. Birthplace (Town, country, and state) 10. Usual occupation Due to Due	8. AGE: Years Months Days If less than or	ne day Cononary arling disease
9. Birthplace		min.
10. Usual occupation 11. Industry or business 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant 17. Maria 18. Informant 19. Genetary 19. Date thereof sums 23 / 9 + 9 (month) (das) (year) Cemetery or crematory 19. Cemetery or crema	7.71	
10. Usual occupation. 11. Industry or business 12. Name	9 Rightplace	Due to
11. Industry or business 12. Name	(Town, county, and state)	
12. Name	10. Usual occupation.	Due to
12. Name	11 Industry or husiness	
14. Maiden name Major findings of operations. 15. Birthplace 16. Informant Month General Standing Major findings of operations. 17. Burial Date thereof Month (das) (year) Cemetery or crematory Cemetery or crematory General General General General General County (State) Location Major findings of operations. Major findings of operations. Major findings of operations. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Major findings of operations. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Manns of Injury Injured at work?		
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14. Maiden name. 15. Birthplace 16. Informant. 17. Burial 18. Date thereof func. 18. Date thereof func. 19. Cemetery or crematory. 19. Cemetery or crematory. 19. Cemetery or crematory. 19. Cemetery or crematory. 19. Contain. 19. Funcial director. 19. Funcial dire	13. Birthplace	(Include reagrance, within 2 months of death)
Autopsy results. Autopsy results. Autopsy results. None Autopsy results. None PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of	mary a. Rufifee	
Autopsy results. Autopsy results. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Injured at work? Address Sinturville Ma.	E 14. marger 12.	
Address Actopy results. Altopy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) The property of the pro	≥ 15. Birthplace	Date of op.
Address It oodbine Md. Address It oodbine Md. Brisal Date thereof from 23, 1948 (Burial, cremation, or removal. Which?) Cemetery or crematory Cemetery or crematory Location Date thereof from 23, 1948 (month) (daf) (year) Where did Injury occur? (City or town) (County) (County) (County) Injured at work? Means of Injury Address PHYSICIAN: Please underline the cause to which death should he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did Injury occur? (City or town) (County) (County) Injured at work? Address Address Address Address Address Address	16 Informaci Mus, Geneva Staub	Antoney results
17. Buisd 18. Funeral director	Maria ma	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Bund Bate thereof Rend 23 (year) (Burial, cremation, or removal, Which?) Cemetery or crematory. Location Date thereof Rend 23 (year) (month) (day) (year) Where did Injury occur? (City or town) (County) (State) tnjured at home, farm, Industry, public place (where?) Injured at work? Means of Injury Address Address Sixtasville Mans of Injury Address	Address / Obaconic / Ma.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Cemetery or crematory. Location Carroll Co. Md. B. Funeral director. Address Sixtasville Means of injury Address Add	17 Dunal Date thereof knine	23 1948
Location Cancell Co. Md. tnjured at home, farm, Industry, public place (where?) 18. Funeral director Sixturville Mans of Injury Address Sixturville Md.	(Burial, cremation, or removal. Which?) (month)	(day) (year)
Location Carroll Cs. Md. tnjured at home, farm, Industry, public place (where?) 18. Funeral director Sintesville Md. Address Sintesville Md.	Cemetery or crematory freedom Cere	Whers did injury occur?
18. Funeral director. Offarry Neer Means of Injury Injured at work? Address Sixtasville md. Means of Injury Injured at work?	Oswall Co. m.	
18. Funeral director. Thank Brown The deid Exercise	a street Weer	Means of Injury Injured at work?
Address Dystesville Md.	1B. Funeral director	(/ PA 1/4 -1 1 +
	Address Dystesville Md.	23. SIGNATURALINEN I Thorne Refully The deed lexamine
19. (Date of by registrar) 1948 C. Harry Weer Registrar Registrar Address Washington Phil Date signed 6/21/48		Weer / Rustinuater Ml 6/21/48

JUN 24 1948

RUVEAU V. S.

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WITH UNFADING INK. Supply every item of information carefull important. Physicians: please write the causes of death clearly an

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CERTIFICA	TE OF DEATH Reg. Dist. No. 8			
1. PLACE OF DEATH: County City or town. (If outside eig or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	City or town (If outside fty or town limits, write RURAL and give nearest to Street No. (If rural, give LOCATION)			
How long in hospital or institution?	. 2.(a) If veteran, name war			
Margaret B Starr	3. (b) Social Security Number			
4. Sex Lemale white married, widowed, or divorced Married white married Midewed Married Married Midewed Married Married Midewed Married Married Midewed Married Married Midewed Midewed Married Midewed	2D. DATE DF DEATH			
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16. Informant John M. Starr	Majur findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically			
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18. Funeral director D. Dartalle Sons and	Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work?			
18. Date ree'd by registrar) Registrar	23. SIGNATURE M. D. or other Address Date signed D			

DURATION

JUN 29 1948

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MARYLAND STATE DEPARTMENT OF HEALTH

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	Reg. Dist. No.
1. PLACE OF DEATH: County City or town. (If outside city or town limita, write RURAL and give nearest town) How long in above place of death. Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County County City or town (if outside city or yown limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How tong in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Mary Virginia Steger	3. (b) Social Security Number
4. Sex / 5. Color or race 6.(a)Single, married, fidowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH June 29 1948 21 8:30 A
George Steam	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	19 to 19
7. Birth date of	and that I last saw h
8. AGE: Years Months Days If less than one day 4694hrsmin.	Immediate cause of death OURATION
B. Birthplace (Town, county, and state)	Due to. Harry
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12. Name Lullian lotes 13. Birthplace	Other conditions
14. Malden name Cora Ruley 15. Birthplace Malden name Cora Ruley	(taclude pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Interment My Geo Steges	Antopsy results
17	22. VIOLENCE: 'It death was due to external causes, fill in the following: Accident, suicide, or homicide, personal causes, fill in the following: Date of cure 3 9 - 43
Cemetery or crematory Mauskells Mid	Where did injury occur?
18. Funeral director Edwerfifaton	Means of Injury Have use the third at work? No.
Address June 30 19 48 John S. Heykon (Date ree'd by registrar) Registrar	23. SIGNATURE LIVE / March Defuty The Scent Lexicone M. D. or other Modre Valueurter / M. Date signed 29/48

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartes St., Battimore

CERTIFICATE OF DEATH

6078 Reg. Dist. No. 74

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County CARROLL	State Maryland county Allegany		
City or town			
How long in above place of death? 6 yrs., 2 months, 26 days	City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No. Williams Road		
Springfield State Hospital	(If rural, give LOCATION)		
How long in hospital or institution? 6 yrs. 2 months, 26 days	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
ANNIE STEGMAIER			
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION (DST)		
F W S	20. DATE OF DEATH June 22 19 48 at 6:50 A		
	2t, I CERTIFY that death occurred on the date above stated; that t attended deceased from		
6.(b) Name of husband or wife	June 17 19 48 to June 22 19 48		
7. Birth date of Assessment / 7000	and that I last saw h er alive on June 22 19 48		
deceased (mo., day, yr.) August 4, 1908	Immediate cause of death		
8. AGE: Yeare Monthe Days If less than one day			
39 10 18hrs. min.	Vulmonary Tuberculacis 2 mgs		
8. Birthplace	Due to.		
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to. Usual occupation	Due to		
11. Industry or business			
[12 Name John Stegmaier	Other conditione Psychosis with convulsive 29 yrs		
13. Birthplace Cumberland, Maryland	disorder, epil. deterioration (Include pregnancy within 3 months of death)		
14. Maiden name Annie Detterman 15. Birthplace Cumberland, Maryland 16. Informant Record, Springfield State Hospital			
E 14. maiden name	Major findings of operations		
≥ 15. Birthpiace Gumberland, Maryland	Date of op.		
16 Interment Record, Springfield State Hospital	Antopsy results		
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(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
(Burial, cremation, or removal, which)			
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01.0000	Meane of Injury Injured at work?		
a little made	1 /1 // 91		
Address Curiobert and Mide	23. SIGNATURE JOSEPH H. Marshalf M.D. or other		
10 lune 22 1949 Offarey Keer			
(Date rec'd by registrar) Registrar	Address Syke sville, Maryland Date eigned 6/22/48		

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incidented is especially important. Physicians: please write the causes of death clearly and legible.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

CERTITICA	Reg. Diat. No.
1. PLACE OF DEATH: County City or town limits, the RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County County Clif outside city or town limits, write RURA and give nearest town) Street No. P. D
How long in hospital or Institution?	2.(a) if veteran, name war
3. (a) FULL NAME Joseph Emony S	Stitely 3. (b) Social Security Number
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6.(b) Name of husband or wife Florence & Jambers 7. Sirth date of	20. DATE OF DEATH 21. JOERTIFY that dead occurred on the date above stated; that attended deceased from 19
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18. Funeral director 74B ankand You	Msans of Injury Injured at work?
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of		
			State Maryland County Carroll City or town Westminster (If outside city or town limits, write RURAL and give nearest town) Street No. 144 E. Main St. (If rural, give LOCATION) 2.(a) It veteran, name war.		
How long in hospital or institution?		***************************************	2.(0) It totalet, name was	3. (b) Social Security Number	
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female white	6.(a)Sing	e, married, widowed, or divorced widowed		ERTIFICATION 1 48 494p.	
8.(6) Name of husband or wite Chas. Norris Stocksdale 8.(c) It alive, give age years			21. I CERTIFY that death occurred on the date abo		
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months 80 1	16, Days 5	1868 If less than one day	Immediaje cause of death.		
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11. Industry or business 12. Name			Other conditions	months of death)	
14. Maiden name Emma Nelson 15. Birthplace Maryland			(Include pregnancy within 3 months or death) Majur findings of operations		
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JUN 24 1948

WITH CNFADING INK. Supply every item of information carefully. Ine important. Physicians: please write the causes of death clearly and legibly

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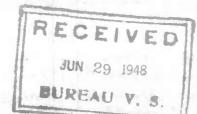
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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18. Funeral director Hilliam Cook Inc. Addrese / 2 / 7 St. Paul St. 19. Fune 2 18 48 Ottany Heer 23. SIGNATURE Joseph H. Marchall, J. D. or other	Cemetery or crem	alory	2000/2	(City or town)	(County)	(Stote)
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JUN 7 1948
BUREAU V. S.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.....

/	1914			11				
1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
		a warl on d	***************************************	State Maryland County				
City or lown. Henry ton Maryland (If outside city or town limits, write RURAL and give nearest town)			Cily or town Baltimore (If outside city or town limits, write RURAL and give nearest town)					
How long in above place of death?			(If outside city or t	town limits, write RURAL and give n	earest town)			
				lberry Street				
TAT ATAIN	Col	red Bran	nch Henryton		rural, give LOCATION)			
		71 OU 1 Q J	TOTAL PARCETY TO THE STATE OF THE	2.(a) If veteran, name war				
3. (a) FULL NAM	IE .				3. (b) Social Securit	y Number		
		Lee Syd	or					
4. Sex	5. Coior or race	6.(a) Single, marr	ied, widowed, or divorced	MEDIO	CAL CERTIFICATION			
female	col	Simgle		20. DATE OF DEATH. June	6 19 4	8 at 7 P. M		
o (b) Name of bushands	l ar wife				the date above stated; That I affended de			
6.(0) Name of nusbanu	1 Of #116			May 28	June 6 June	6 19 4		
7. Birth dafe of			ve, give ageyears	and that I last saw halive on	June o	19 40		
deceased (mo., day,	yr.) Janus	ary 3, 19	926 less than one day			DURATION		
8. AGE: Year				Pulmonary Tub	erculosis	June 7		
22	5	3	hrsmln.		***************************************	1946		
9. BirthpiaceNOI	mini Gro	ve Virgi	nia	Due to	••••••	****		
	Domesti	e country, and state,						
		K ,		Due to	***************************************	***************************************		
11. Industry or busine		2 2		***************************************	***************************************			
12. NameW:				Other conditions				
	Virginia	a		(Include pregnancy	within 3 months of death)			
HLOW 14. Maiden name	Maude S	Sydnor						
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D	eceased				······································			
16. Informant	cocasoa		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PHYSICIAN: Please underline the	eause tu which death should be charge	ed statistically.		
Address			111.0	22. VIOLENCE: If death was due fo	external causes, fill in the following:			
11. 3M	sear .	Date fhereof	15/48		Date of			
(n, or removal. Which	cale	rery	The state of the s	or town) (County)			
Cemetery or crema	tory							
Location		1			ic place (where?)	*************		
18. Funeral director	HN	alse	Lave	Meens of injury	injured af work?			
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Addiess	7 0	211	01 11	23. SIGNATURE COLLEGE	1 Vy Juses, On), or other		
19. June 6	19. 4	Ballout	Registrar	Address Henryton,	Maryland Oate signe	6/6/48		
(Date rec'd by r	egistrar) OCS	1 Deputy	Registrar	Address	nate signe	W		

JUN 14 1948

EAU V. S.

(DST)

DURATION

MARYLAND STATE DEPARTMENT OF HEALTH

M. orrect/age

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

PLEASE WRITE PLAINLY, is especially

(Date rec'd by registrar)

VS A15

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

				Reg. Dist. 140
1. PLACE OF DI	EATH: RROLL		2. USUAL RESIDENCE (HOMI	E) OF DECEASED:
Ounty		••••••••••••••••••••••••••••••••••••	State Maryland	Montgomery
City or town			••	ring limits, write RURAL and give nearest town)
	field State			, give LOCATION)
		days	2.(a) It veteran, name war	
3. (a) FULL NAM			1 2 (4) It letters the second	
	FARWELL EDV	NARD THAYER		3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION
M	W	Widowed	20. DATE OF DEATH June 8	19 48 21 48
S (b) Name of husban	d or wife Annie	e L. Urguhart		te above stated: that I attended deceased from
b.(o) Hame of headam		6.(c) If alive, give ageyea	May 29,	
7. Birth date of deceased (mo., day,	0/01	7/1875	and that I last saw h O.T alive on	June 8, 18
8. AGE: Yea	rs Months	Days it less than one day	hurorhage	Luter ales
72	8	11	n. due to Bate	Machine 12
	Owner of h	Massachusetts county, and state) ouse-painting business	your star of	of heartound
当 12. Name		Thayer	other conditions. Senile Psy	chosis ?
E. 15. Dirtiplat			(Include pregnancy with	nin 8 months of death)
岩 14. Maiden name	. Bertha Hu	ssey	Major findings of operations	
14. Maiden name	Maine			
16. IntermantRe	ecord, Spri	ngfield State Hospital	Aotopsy results	
Address	ration	0	22. VIOLENCE: If death was due to extern	
(Burial, crematio	on, or removal. Which?)	Date thereof (month) (day) (year)		Date ot
Cemetery or crema	tory Lov	t Fincoln	Where did injury occur?(City or to	own) (County) (State)
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18. Funeral director.	Csta	my Heer	Means of Injury	injured at work?
Address	Systesis	lle md.	- Miliani	Reyer M.D.
19 June	9 19 48	Ostany Keer	23. SIGNATURE	M, D, or other

JUN 11 1948
BUREAU V. S.

DURATION more than

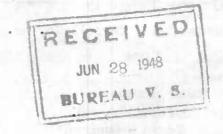
MARYLAND STATE DEPARTMENT OF HEALTH

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of	4. Sex
	male
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FOR BI	7. Birth date of deceased (mo., day, yi
	8. AGE: Years 66
ER. F.	9. Birthplace, Syke
	10. Usual occupation
AIO AIO SVI	11. Industry or business
MARGIN NFADING at. Physic	置 12. Name
E Z T	₹ 13. Birthplace
THE STATE OF	HILO Haiden name
Fi ii	≥ 15. Birthplace S
Elly,	16. Informant
N. Secial	Address Syke
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PLEASE WRITE

/				TE OF DEATH Reg.	. Diat. No. 74
City or town	kesville outside city or town li e of death? all r street address where ield State or Institution? Sin	mits, write I his 1 death occurre	RURAL and give nearest town) ife d: tal pt. 18, 1947	2. USUAL RESIDENCE (HOME) OF DECEASE (For newborn infants give residence of mother) State Maryland County Ca City or town Sykesville (If outside city or town limits, write RUR, Street No. Springfield State Hosp (If rural, give LOCATION) 2.(a) If veteran, name war.	AL and give nearest town)
3. (a) FULL NAM	E THOMA:	s, Alp	heus		ocial Security Number
4. Sei male	5. Color or race		ie, married, widowed, or divorced married	MEDICAL CERTIFIC 20. DATE OF DEATHJune 23	CATION
7 Right date of	or wife Bess	6.(c) If alive, give age 61 years	21. I CERTIFY that death occurred on the date above stated; that September 18 19 47 10 J and that I last saw h im alive on June 23	at I attended deceased from June 23 19 48
8. AGE: Years	s Months	Days 19	tf less than one day	Chronic myocarditis and myo degeneration	cardial more tha
9. Birthplace, Sykesville, Carroll Co. Md. (Town, county, and state) 10. Usual occupation. 11. Industry or business				Oue to	
13. Birthplace	Sykesville Sykesville s. Bessie	Md.		Other conditions (Include pregnancy within 3 months of dear Major findings of operations	
10. Intofinant	es. Bessie 'esville, Ma		ì	Autopsy results	ould he charged statistically.
Burial (Burial, aromation, or ramoval Which?) Cemetery or crematory Berrett, Carroll Co. Md.			k Co. Md.	22. VIOLENCE: tf death was due to external causes, fill in the Accident, suicide, or homicide	Oate of
Address 19 June (Date rec'd by re		_	Itz Id, Md. Harry Hear Registrar	Masas of Injury Martin Gross, M.D. 23. Signature Martin Gross, M.D. Sykesville, Md	-



OF DEATH

USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

-				-	
		Dist.			٣.
	Reg.	Dist.	No.	/	-

(If outside city or town limits, write RURAL and give nearest town)

(If rural, give LOCATION)

	CERTIFICATE OF DEATH
1. PLACE OF DEATH: Carroll County Superville City or town (If outside city or town limit), water RURAL	2. USUAL RESIDENCE (For newborn infants say and give negret town)
How long in above place of death?	(If outside c
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Sertha	romao
4. Sex J. S. Color or race S.(a) Single, marr Cul	
6.(b) Name of husband or wite	20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) aleo. 25	and that I last saw h
9. Birthplace Sylvianily (Town, county, and state) 10. Usual occupation.	hrs. min. differe with Due to.
11. Industry or business H 12. Name Henry Rhe	stottom Other conditions
14. Maiden name Alvaria 15. Birthplace Superville 15. Birthplace	(Include pre
16. Informant Abring 18 Address Sykessel	Autopsy results
17. Burial Burial Date thereof Commenter or crematory. Burial Rocal	(month) (def) (year) 22. VIOLENCE: If death was Accident, suicide, or homicide. Where did Injury occur?
Location Canoll Co	Injured at home, farm, Industry Means of Injury
Address Systesville no	rd. 23. SIGNATURE
Date rec'd by registrar)	Registrar Address

	CERTIFICATION	
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21. I CERTIFY that death occurred on the date a	bove stated; that I attended decea	
1940		19
and that I last saw h. L.Talive on	14/48	19
Immediate cause of death		DURATIO
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PHYSICIAN: Please underline the cause to	which death should he charged	statistically.
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Means of Injury	Injured at work?	
MI	want. M. K	2.
23. SIGNATURE	M. D. o	or other
Her Kenn	Ula Date signed.	1 1 -11
Address	Nate gignen	

BINDING FOR RESERVED MARGIN ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

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JUN 8 1948

BUREAU V. S.

CEDTICICATE OF DEATH

CERTI	Reg. Diat. No.
1. PLACE OF DEATH: County	State Mary Land County Carroll City or town Sykesville (If outside city or town limits, write RURAL and give nearly town) Street No. Route 1 (If rural, give LOCATION) 2.(a) if veteran, name war 3. (b) Social Security Number
Alma L. Wai	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divo	WEDICAL CERTIFICATION
female white married	20. DATE OF DEATH June 18 19 48, 21 6 p
8. AGE: Years Months Days If less than one day 8. Birthplace Uniontown, Md. (Town, county, and state) 10. Usual occupation. Schoolteacher (retire)	Immediate cause of death OURATION Caroliac Decompensation 10 mm Due to Hypertensine 5-V. Decay 6-year ed) Due to.
David Segafoose 12. Name David Segafoose 13. Birthplace Maryland	Other conditions Onderest Inguinal Hermin 6-grane Chr Nephritio Cyra (Include pregnancy within 3 months of death)
14. Maiden name Ellen Fleagle 15. Birthplace Maryland	Major fiedings of operations. Date of op.
Address Sykesville, Md. Address Sykesville, Md. 6/22/ (Burial, cremation, or removal, Which?) Cemetery or crematory Lorraine Park Cemete:	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Baltimore, Md. 18. Funeral director J. Francis Reese Address Westminster, Md.	Injured at home, farm, Industry, public place (where?)
19. (Date rec'd by registrar)	Registrar Address Reisterstown, My Date signed 6-20-48

ADING INK. Supply every item of information carefully. The c Physicians: please write the causes of death clearly and legibly.

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FOR BINDING

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JUN 23 1948

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NOV. 1947

	Dist	No	 74
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/			CERTIFICAT	TE OF	DEATH	1320	Reg. Diat. No.	74
How long in above place Hospital, institution, or Maryland	yton, Maj outside city or town li- e of death? 3. In r street address where Tubercul	nonths death occurred:	RAL and give nearest town) 29 days Sanatorium ranch, Henryton	State	RESIDENCE (I lewborn infants gi ryland Pocomok (If outside cit R.F. D	content of the conten	mother) Worcest weith RURAL and give	***************************************
3. (a) FULL NAM	E						3. (b) Social Securi	ity Number
Contract Page	Lawi	rence	Fenninger Wate	rs			218-20-7	565
4. Sex	5. Color or race	6.(a)Single,	married, widowed, or divorced		ME	DICAL C	ERTIFICATION	
male	col .	Si	ngle	20 DATE DE	DEATH June	10	194	8 , 6:
	yr.) Januai		If alive, give age years 1929 If less than one day	Febr	uary 12	19. Ve on Ju		
19	4	16	hrs. min.	Pulm	onary I	ubereu	10812	194
9. Birthplace. P.O.C. 1D. Usual occupation. 11. Industry or business 12. Name Edw 13. Birthplace F	comoke Ci Chauffeu Ss Vard Wate	ty M county, and str	Md.	Due to	gs of operations	nancy within 3	months of death)	
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Address 19. June 10 (Date rec'd by re) 19 48		ty mel	23. SIGNATU	Henryto			n. 7. D. or other ned 6/10

Deputy

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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JUN 11 1948

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			CERTIFICAT	L OI DEATH	Reg. Dist. No	
1. PLACE OF DI	EATH:			2. USUAL RESIDENCE (HOME) OF DEC	CEASED:	
County Carr	oll					
City as town He	nryton. N		nd RURAL and give nearest town)	State Maryland County	DO	
(If	outside eity or town	imits, write l	RURAL and give nearest town)	City or town Baltimore (If outside eity or town limits, write		
How long in above place	ce of death? 1	month		(If outside eity or town limits, writ	e RURAL and give neares	it town)
Hospital, Institution, c	or street address where	death occurre	d:	Street No. 112 S. Hammerbac	ker Court	
Maryland	Tubercu	OSIS	Sanatorium	(If rural, give LOCA	TION)	
How long in hospital	or Institution? CO.	lored	Branch, Henrytt	(a) if veteran, name war		
3. (a) FULL NAM	1E			3.	(b) Social Security Nu	ımber
	-	198	A-1- m		220-22-3007	,
4. Sex	1 5 Color or race	es We	le, married, widowed, or divorced	MEDICAL CERT		
9. 3CA	3. doi: 01 1400	al(a)amg				
male	col		Single	20. DATE OF DEATH June 24	18 48	, 2 P.
				21. I CERTIFY that death occurred on the date above state		
6.(b) Name of husban	d or wife			May 24 19 48	3. June 24	10 48
**************************		6.	(c) If alive, give ageyears	and that I last saw h. eralive on June	24	48
T. Birth date of deceased (mo., day,	w) Tuna	28.	1906		_	
8. AGE: Yea		Days	If less than one day	Immediate cause of death	4	DURATION
o. Ade.				Pulmonary Tuberculos	1.5	Dec.
4	1 11	27	hrs. min.			1947
e Riethniace Be	ltimore.	Mary	and atate)	Due to		000-00000000000000000000000000000000000
10. Usual occupation	Domestic.		***************************************	Due to		
11. Industry or busine		17		Due 10		
				Other conditions		
13. Birthplace	Baltimor	e Mary	yland	(Include pregnancy within 3 months	e of death)	
E 14 Molden name	Rachel Baltimore	Brown	>			
EO T	3 - 3 - 4	B4	m) am d	Major findings of operations		
≥ 15. Birthpiace 上	saltimore	MEL	yrand		Date of op	
16. Informani De	ceased			Autopsy results		
				PHYSICIAN: Please underline the cause to which de	eath should be charged sta	tistically.
Address	• 0		6 201,101	22. VIOLENCE: If death was due to external causes, f	ill in the following;	
11. 13W	nal	Date the	(month) (day) (year)	Accident, suicide, or homicide	Date of	
(Burlal, crematic	on, or removal, Which	0	(Month) (day) (year)			
Cemetery or crema	tory	yar		Where did injury occur?(City or town)		
Location	anno 1	2 M	mallo County	injured at home, farm, industry, public place (where?)		
V	01/0+	0	Quality de	Meens of Injury	injured at work?	
18. Funeral director.	Walle	13	spraye !	2 (
Address /3	9 4/ 70	aml	und st	12. Day Stoll	2. m. A	
1-	1	01	11	23. SIGNATURE	M. D. or	other
19. June 2	24 19 48	Ul	all M. swenth	Address Henryton, Maryla		
(Date rec'd by	registrar) LO	cal D	eputy Registrar	AddressILGILLYW.IL.	A.M Date signed	N. 4

WINE ENFADING INK. Supply every item of information care important. Physicians: please write the causes of death clearly RESERVED FOR BINDING MARGIN PLAINLY, v is especially i

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CERTIFICATE OF DEATH

Reg. Dist. No ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
[[[] [] [] [] [] [] [] [] []	State Mary land County Carrall
City or town. (If outside city or town lynies, write RURAL and give nearest town)	Willebruge - Renal
How long in above place of death?	(If outside city or town limits write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
Now tong to hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary & Wilhelm	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 39
H W single	1 - 29-48 7/a no
	20. DATE OF DEATH 6 - 2 7 - 7 19 at 19 At 19
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
	10 10 6-29-48 10
7. Birth daie of	and that I last saw h
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	myrachus
80 3 Jmin.	Sprong chompensely 24s
& Rirtholace maryland	Due to husso lenson
9. Sirthplace	
10. Usual occupation	my marioschyon
11, Industry or business	D06 10
E 12. Hame	Other conditions
13. Birthplace	(Include pregnancy within 8 months of death)
14. Maiden name Phoebe Ingham 15. Birthplace Ned	
5 15 Birthalas Mad	Major findings of operations.
Must Grant to Hal	Date of op.
16. Informant	Autopsy results
Address / truftsburg Mid	
17 Burial Date thereof July 1/48	22. VIOLENCE: if death was due to external causes, till in the following:
(Burial, cremation, or renoval Which?)	Accident, suicide, or homicide
Cemetery or crematory toreston	Where did injury occur?
Balto CO.	Injured at home, farm, industry, public place (where?)
Location S A G G G	Means of Injury
18. Funeral director Coll & J. Paloza	1/1/1/1/1
Address Haw lesterd Med	SMV LILLIAM WILL
Op D D.N. Woodward	23. SIGNATURE. M. D. or other
19. (Date rec'd by registrar) 19. (Date rec'd by registrar)	Address Alesterola Data signed 6/29/48
(Date sec. d by segistrar)	Address

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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JUL 6 1948

CERTIFICATE OF DEATH

Per Dist No.

			01
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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residency of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Mary Cand County Cartals
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
	2.(w) (1 totalan, nemb wal
3. (a) FULL NAME Mollie to	bests Williams 3. (b) Social Security Number
4. Sex 5. Color or racs 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Lemale aclosed widowed	20, DATE OF DEATH LEVE 25 1948 at \$ A M
Valoria Al Williams	21. I CERTIFY that death occurred on the data above stated; that I attended deceased from
8.(6) Name of husband or wife A	June 20 19 47 10 June 23 19 48
7, Birth date of	and that I last saw h byc alive on
deceased (mo., day, yr.) R ACE. Years Months Days It less than one day	Immediate cause of death
o. Adl.	
hrs, min.	www records
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation	Due to
11. Industry or business (It would	
12. Name 12. Name 13. Birthplace 12. August Claud	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name 15. Birthplace Wary Charles	Major findings of operations
\$ 15. Birthplace mary fand	Date of op.
16, Informant Alberta Colored Colored Land Land	Autopsy results
Address Church Bro Rae, Mix	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial Date-thereof 6/28/48	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory	Whers did injury occur? (City or town) (County) (State)
Location Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of injury Injured at work?
Address lette Bridge & flew week son Me	23. SIGNATURE 1. 1. Legg
June 25 48 Jesl's J. Headton	Address Address Date signed 6-21-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctage is especially important. Physicians: please write the causes of death clearly and legibly.

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			CERTIFICAT	TE OF DEATH	Reg. Dist. No	74
How long in above place Hospital, Institution, of Maryland	cyton, Ms outside eity or town e of dealh? 3 H r street address where	death occurred	Sanatorium	2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of state Maryland concity or town. Baltimore (If outside city or town limit street No. 1108 Whatcos (If rural, give 2)	ualys, write RURAL and give nes	rest town)
3. (a) FULL NAM	E				3. (b) Social Security	Number
		am Wi			240-10-4	005
4. Sex	5. Color or race		e, married, widowed, or divorced		ERTIFICATION	F
male	col	Si	ngle	20. DATE OF DEATH June 22		
			e) tt alive, give ageyears	21. I CERTIFY that death occurred an the date ab February 26	48 June 2 une 22	22194.E
8. AGE: Year	s Months	Days 28	It less than one dayhrsmin.	Pulmonary Tubercul	osis	Dec. 0
10. Usuat occupation. 11. Industry or busine 12. Name	Laborer oe Wilso S. Carol	n ina	i. Caroline	Due to Differ conditions	months of death)	
16. Informant D	eceased			Autopsy results	.,,,,	
Cemetery or cremate Location	walte	0 4 4 5	Spriggs	22. VIOLENCE: If dealh was due lo external car Accident, suicide, or homicide	(County) where?) tnjured at work?	(State)
Address / 3	900	Har	word/1+	La course lander lotte	Huan m. Z).

Registrar Address Henryton, Maryland

NFADING INK. Supply every item of information carefully nt. Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING

especially important.

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19. June 22 (Date rec'd by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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1				CERTIFICA	ALE OF DEATH	Reg. Dist. No	
1. PLACE (H: Carro	וו		2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of	F DECEASED:	
Causty	C-1-	**********************		***************************************	State Maryland Con	Carroll	
City or town				tal	City or towa Sykesville, Md. (If outside city or town limits, write RURAL and give nearest town Springfield State Hospital		
Now long is he	ospital ar la	etitution?16	yrs. 8	mos.	2.(a) If vateran, same war	•••••	
3. (a) FULL		WRIGHT,	ELLA M	AY		3. (b) Social Security	Number
4. Sex		. Color se racs	8.(a)Sing	ls, married, widowsd, or divorced	MEDICAL C	ERTIFICATION	
Female		White	Wide	oy	20, DATE OF DEATHJune 19		
(dece	ased)			i ght c) If alive, give ageye	January 19	48 to June 19,	19.48
7. Birth date a: decessed (m		Ma rch	28. 1	887			
8. AGE:	Ysere	Mosths	Days	If lose that one day	Innediate cause of death		
	61	2	22	hrs	and Shock		
9. Birthplack:	Pratt	Md. (Town lousewife	, county, and	atata)	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	clusion	8 hrs
11. laduetry of					Due to		
E 12 Hama	Eno	s Bennet nnsylvan	t			e.cox	
-					(include pregnancy within 3	months of death)	112
500			-		Major findings of operations		
S 18. Birthp	lace Al	legany C	ounty.	Md.			
10. laformeat.							
11	amation, o	L r ramoval, Which Clea	Data the	geof June 22/948 (manth) (ddy) (year) Le Cene	22. VIOLENCE: If death was dus to extersal ca Accident, suicide, or homicide	(County)	(State)
Location (alle	gany (J,	ma	injured at home, farm, ledustry, public place (w	rhere?)	
		laslos		eorge		Injured al work?	
19. Funeral d		mberla		me.	Morton S	Jacobs M	I.D.
10. June	d by regio	6 10 H8	_ 'Q	Stary Here	23. SIDNATURE	M. D. Date signed	or other ~2 19 19 48

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CERTIFICATE OF DEATH

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